



CITY OF OXFORD

ANNUAL REPORT

of the


MEDICAL OFFICER OF HEALTH

for the year

1960

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MR. CHAIRMAN, LADIES AND GENTLEMEN,

This is my thirteenth Annual Report and is compiled in accordance with Ministry of Health Circular 1/61.

The vital statistics call for little comment, with the very note-worthy exception of the infant mortality rate which at 16.14 is easily the lowest ever achieved. As a corollary, the perinatal mortality rate (stillbirths plus infant deaths in the first week of life) shows the remarkably low figure of 22.88 which is a fine testimony to the excellence of the maternity services in the City. It is, therefore, all the more disappointing to have to report the first maternal death in domiciliary practice for twelve years due to a fulminating infective hepatitis on the sixth day of the puerperium.

The Blackbird Leys Health Centre opened for use on the 2nd May and the official opening ceremony was performed by Lord Taylor on the 15th December. The Centre provides general practitioner and local authority services for a rapidly growing estate. At the end of the year, one doctor was practising exclusively, and five doctors were holding a total of 15 branch surgery sessions per week at the Centre.

The annual upward trend in the number of patients carried by the ambulance service was resumed following the slight decrease noted last year. One new sitting-case vehicle was added to the fleet and this has a pioneer "hydraulic step" at the rear which has proved an invaluable means of assisting the transport of some aged and infirm patients.

The health visiting service has been below establishment throughout the year, but it has nevertheless been possible to extend the experiment started over four years ago of the attachment full-time of a health visitor to a general practice. Three further practices, consisting of two, three and five partners respectively, requested a similar arrangement, and two full-time and one part-time health visitor attachments have been made. The original experiment has continued along the same lines with the exception that the practice "well-baby" clinic grew too big for the surgery premises, and was, therefore, moved to the nearest local authority clinic, where it is now functioning exactly like any other child welfare clinic, the only difference being that the general practitioner acting as clinic doctor sees only practice patients. Similar arrangements exist at the Blackbird Leys Health Centre where two practitioners are holding child welfare clinics for their own practice patients.

The district nursing service has dealt with rather fewer patients and out of 1,865 new cases treated, only 54 were referred directly by hospitals. This is an even smaller number than last year and I, therefore, repeat the comment made then that surely there is more than an average of one patient a week who could usefully be discharged a little sooner from hospital to the care of the domiciliary nursing service. All that is necessary to bring this service into effect is a telephone call to the headquarters of the district nursing service at 39/41 Banbury Road.

The home help service dealt with more long-term cases and in fact

nearly half of the patients required some degree of continuous help throughout the year. There is no doubt that the home help service is making a substantial contribution towards retaining elderly persons in their own homes for as long as possible.

The local authority responsibility for providing a chiropody service for aged persons commenced on the 1st October and was based largely on a financial contribution to the Oxford Council of Social Service who for several years have organised chiropody clinics at Old People's Clubs. At the same time provision has been made for the residents in the City Council's Old People's Homes and also for the transport of all needy persons to Marston Court Old People's Home for chiropody if no other arrangements can be made. Very exceptionally, treatment has been carried out in the patient's own home.

A reference is included to the work of the Oxford Aid-in-Sickness Charities, a voluntary committee responsible for a domiciliary physiotherapy service which last year gave 2,146 home treatments. This service has been most helpful to those who find it difficult to visit a hospital and cannot afford the fees of a private physiotherapist. It is considered that the service could usefully be extended to treat a number of more acute conditions such as pneumonia, fibrositis and stroke, and so make a substantial contribution towards speedier convalescence and the prevention of complications or deformities.

It was a relatively quiet year for the infectious diseases, apart from an expected measles outbreak which commenced towards the end of the year. There was again no case of poliomyelitis, but at the end of May 1961 the first case of this serious disease in Oxford for three and a half years occurred in an unvaccinated young married man. The response to poliomyelitis vaccination in children has been excellent but not so good in the older age groups. Like the recent case in Oxford, most victims of poliomyelitis are now to be found amongst unprotected or only partially protected individuals, particularly adults. There is no excuse for anyone failing to take advantage of the very effective vaccination facilities now available.

On the 1st August, Oxford became one of the national centres for yellow fever vaccination, a weekly clinic being held in the health department.

There was a slight increase in the number of notified cases of tuberculosis, 14 out of the 75 new pulmonary cases being found amongst immigrants of whom nine came from Pakistan. It is not known how many of these brought tuberculosis with them but obviously some had done so because of the very advanced disease that was found soon after arrival in this country. Such cases are very difficult to deal with because of language difficulty and because of the overcrowded conditions in which they are usually found to be living.

For the first time, use was made of the compulsory powers of admission given in Section 172 of the Public Health Act, 1936. A woman

known to have chronic pulmonary tuberculosis since 1948, and infectious for most of this time, persistently refused to co-operate in treatment. The use of the compulsory procedure was difficult and distasteful but from the moment of admission to hospital the patient co-operated fully and has made a remarkable clinical and radiological recovery, which is a most gratifying result.

Practically all routine antenatal work for mothers booked for home confinement is now carried out by general practitioners and each week thirteen antenatal clinics are held by general practitioner obstetricians in their own surgery premises with the assistance of City midwives. The three remaining City antenatal clinics are now used almost entirely for the taking of routine blood samples and for poliomyelitis vaccination. It is, therefore, suggested that the clinic held at 60 St. Aldate's should close by the end of 1961 and that consideration should be given to the possible amalgamation of the Bury Knowle and East Oxford clinics.

The ten perinatal deaths associated with the domiciliary maternity service were very carefully investigated and it was concluded that at the present stage of knowledge, seven of these were unavoidable and in the remaining three there was some failure of co-operation on the part of the patient.

During the year arrangements were made for the health department to share with the Paediatric Department the very essential follow-up of all premature babies.

It is estimated that 96% of all registered live births attended one or other of the child welfare clinics during the year. An analysis of medical work carried out at these clinics showed prophylactic inoculations 61%, routine medical examinations 17%, and consultations about a problem 22%. There was a further reduction in the uptake of welfare foods.

Of the 25 infant deaths, 19 were due to prematurity, congenital malformation, or birth trauma, and six due to infection, of which five were due to severe respiratory disease occurring in the late autumn or winter.

The scope for prevention, care and aftercare exercised by the mental welfare officers increased steadily as a result of the greater emphasis on community care. Excellent co-operation exists between the local authority mental health team and the staffs of Littlemore and the Warneford and Park Hospitals. There was a marked drop in the number of admissions to the mental hospitals, and it was particularly gratifying to observe the substantial fall in admissions of those over 60 years of age.

With regard to the provision of hostel accommodation, it has now been agreed that a hostel for 20 younger subnormal children will be built on a site adjoining the Training Centre at Littlemore; that a house will be purchased to accommodate about 15 older subnormal children and young adults, and that a site for a hostel for the mentally sick should be reserved on land adjoining the Ambulance Depot which forms part of the Warneford and Park Hospitals estate.

The biggest problem in the mental health field is the inadequate

number of hospital beds for severely subnormal patients. It had been hoped that this serious shortage was gradually being overcome but this year the waiting list has increased substantially, and totally unsuitable cases have had to remain at home for very long periods with resultant great hardship to relatives. This is a problem which is likely to increase because of the better chances of survival of defective children, and accordingly there is an urgent need for the provision of more beds for this type of case in this Region.

The numbers attending the Training Centre increased from 46 to 59 and now include 17 from neighbouring authorities. The Parent/Teacher Association continued to give much appreciated help.

Marston Court, the third purpose-built 60-bedded Old People's Home, opened in July, and was at first used for short-stay holiday relief cases, a service which is such a boon to relatives looking after aged and infirm persons at home. Cutteslowe Court is under construction and when opened towards the end of 1961 will enable the Laurels to be closed completely. The City will then have 306 beds of which 260 will be the equivalent of ground floor accommodation and capable of taking the more frail and infirm type of resident. Although the position can be regarded with some satisfaction, the number of beds is still seriously short of need, and sites for further homes at Botley Road, Iffley and Blackbird Leys have been agreed. It is the aim to have a Home in as many sub-districts of the City as possible to enable old people requiring admission to an Old People's Home to continue to live in their own locality. Such a policy will also facilitate the provision of some necessary services from Old People's Homes to old people living in the vicinity.

With regard to the difficult problem of temporary accommodation and, in view of the approaching closure of The Laurels, the Housing Committee agreed to allocate a hut at Slade Park and this is now in process of adaptation.

The sheltered workshop scheme at Red Barn has slowly expanded and the sale of goods made by handicapped persons has once again increased.

The Caravan Sites and Control of Development Act, The Noise Abatement Act, and the Meat (Staining and Sterilization) Regulations were important pieces of legislation which came into effect during the year.

Slum clearance work has progressed and the end is now in sight; it should be followed by a substantial housing improvement programme. There is still an acute housing shortage in Oxford and this is responsible for a certain amount of overcrowding which has proved to be particularly severe, and difficult to deal with, in a few instances where large houses have been taken over by coloured immigrants.

The Eastwyke Farm slaughterhouse premises remain far from satisfactory but an agreed modernisation scheme only awaits a decision on

the Oxford roads controversy. Details are given of two interesting investigations carried out in conjunction with the Public Health Laboratory Service, one concerned with the bacterial content of sausages, and the other with the unsatisfactory conditions of sale from bubble gum machines.

Responsibility for the ambulance and welfare sections of the Civil Defence Corps continued to occupy the time of some members of the staff of the health department.

The annual weekend conference of the County Borough Group of the Society of Medical Officers of Health was held in July in Magdalen College under the Presidency of your Medical Officer of Health, and during the course of the weekend it was a great privilege for me to show my colleagues something of the health services of the City.

Amongst staff resignations during the year were Dr. Shirley Fine who obtained a senior post with the Middlesex County Council; Mrs. A. E. Godfrey who retired after 23 years as a City midwife, and Mrs. J. R. Robinson, my secretary for nine years. All gave excellent service and left with our grateful thanks.

Although I am responsible for this Report, many members of my staff, some named and others not mentioned personally, have contributed to it, and it is a very real pleasure and privilege to acknowledge, once again, the willing and able support I have received from all my staff throughout the year.

Finally, I should like to thank most sincerely the Chairman and all Members of the Health Committee for their kindly consideration and encouragement at all times.

Yours faithfully,

J. F. WARIN,
Medical Officer of Health.

SECTION I

COMMITTEE MEMBERS

HEALTH COMMITTEE

Chairman: Councillor MEADOWS

Vice-Chairman: Alderman Mrs. HARRISON-HALL, M.B., Ch.B., J.P.

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	FERGUSON
„	BROMLEY (Sheriff)	„	LUARD, B.A.
„	Mrs. E. GIBBS	„	NIMMO
„	KINCHIN (Mayor)	„	RENSHAW
„	Mrs. PRICHARD, O.B.E., M.A., J.P.	„	ROME
„	WARRELL	„	SIMPSON, M.B.E.
Councillor	BURTON	„	Miss SPOKES, M.A.
„	CONSTABLE, B.Sc., M.A.	„	Mrs. YOUNG, M.A.
Mrs. M. HOUGHTON } representing the Oxford County and City Executive Council.			
Mrs. O. PHIPPS } representing the Oxford County and City Executive Council.			
Mr. A. W. H. B. KING, J.P., representing the United Oxford Hospitals.			

MATERNITY, CHILD WELFARE AND HOME SERVICES SUB-COMMITTEE

Chairman: Councillor Mrs. YOUNG, M.A.

Vice-Chairman: Alderman Mrs. PRICHARD, O.B.E., M.A., J.P.

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	FERGUSON
„	Mrs. E. GIBBS	„	MEADOWS
„	Mrs. HARRISON-HALL, M.B., Ch.B., J.P.	„	Miss SPOKES, M.A.
			Mrs. M. HOUGHTON
	Mrs. H. C. BROWN, J.P.	} co-opted	
	Mrs. A. CAMPBELL		
	Mrs. E. COATE		
	Mrs. M. DEAN		

MATERNITY FINANCE SECTION

Chairman: Councillor Mrs. YOUNG, M.A.

Vice-Chairman: Alderman Mrs. PRICHARD, O.B.E., M.A., J.P.

Alderman	Mrs. E. GIBBS	Councillor	FERGUSON
„	Mrs. HARRISON-HALL, M.B., Ch.B., J.P.	„	MEADOWS
			Mrs. M. DEAN

MOTHER AND BABY HOSTEL HOUSE SECTION

Chairman: Mrs. M. DEAN

Vice-Chairman: Councillor Mrs. YOUNG, M.A.

Alderman	Mrs. PRICHARD, O.B.E., M.A., J.P.	Mrs. A. CAMPBELL
Councillor	MEADOWS	Mrs. E. COATE

MENTAL HEALTH SUB-COMMITTEE

Chairman: Councillor MEADOWS

Vice-Chairman: Alderman Mrs. PRICHARD, O.B.E., M.A., J.P.

Alderman	Mrs. HARRISON-HALL, M.B., Ch.B., J.P.	Councillor	NIMMO
„	WARRELL	„	ROME
Councillor	CONSTABLE, B.Sc., M.A.	„	SIMPSON, M.B.E.
			Mrs. M. HOUGHTON
	Mrs. H. C. BROWN, J.P., co-opted		

WELFARE SERVICES SUB-COMMITTEE*Chairman:* Alderman Mrs. E. GIBBS*Vice-Chairman:* Alderman Mrs. ANDREWS, M.B.E.

Alderman	BROMLEY (Sheriff)	Councillor	FERGUSON
„	Mrs. HARRISON-HALL, M.B.,	„	LUARD, B.A.
	Ch.B., J.P.	„	MEADOWS
„	KINCHIN (Mayor)	„	RENSHAW
Councillor	BURTON	„	ROME
„	CONSTABLE, B.Sc., M.A.	„	Miss SPOKES, M.A.
Mr. J. G. ROBINSON, M.B.E., Co-opted			

WELFARE SERVICES HOUSE SECTION*Chairman:* Alderman Mrs. E. GIBBS*Vice-Chairman:* Alderman Mrs. ANDREWS, M.B.E.

All members of the Welfare Services Sub-Committee

GENERAL PURPOSES SUB-COMMITTEE

The Chairman and Vice-Chairman of the Health Committee, and of the Maternity Child Welfare and Home Services; Mental Health; and Welfare Services Sub-Committees, *ex-officio*; together with Councillors RENSCHAW and Miss SPOKES, M.A.

Representatives of Health Committee on Joint Ambulance Committee:

Alderman	Mrs. HARRISON-HALL, M.B.,	Councillor	MEADOWS
	Ch.B., J.P.	„	ROME

Representatives of Health Committee on Oxford Voluntary Tuberculosis Care Committee:

Councillor	BURTON	Councillor	RENSHAW
„	MEADOWS	„	ROME

HOUSING COMMITTEE*Chairman:* Councillor INGRAM*Vice-Chairman:* Councillor ROME

Councillor	BURTON	Councillor	KEITH-LUCAS, M.A.
„	Mrs. CARR	„	LUARD, B.A.
„	CHAPLIN	„	MOULD
„	CONNERS	„	SIMPSON, M.B.E.
„	FAGG	„	Mrs. THOMPSON, M.A.

HEALTH DEPARTMENT STAFF

Medical Officer of Health:

J. F. WARIN, M.D., D.P.H.

Deputy Medical Officer of Health:

G. F. WILLSON, M.D., D.P.H.

Senior Assistant Medical Officers of Health:

M. FISHER, B.Sc., M.R.C.S., L.R.C.P., M.M.S.A., D.C.H. (Maternity and Child Welfare). (Ceased 30.6.60).

E. J. COULTER, M.B., Ch.B., D.P.H., D.C.H. (Maternity and Child Welfare). (Transferred from General Purposes 1.7.60).

E. M. WALLIS, M.B., Ch.B., D.P.H., D.R.C.O.G. (General Purposes). (Commenced 20.6.60).

Assistant Medical Officers of Health:

A. M. BOLTON, M.B., Ch.B., M.R.C.P., D.C.H.

S. R. FINE, M.B., Ch.B., D.P.H., D.C.H. (Ceased 31.8.60).

E. M. LOVE, M.B., Ch.B., D.P.H., D.R.C.O.G. (Commenced 15.8.60).

J. H. TILLEY, M.B., B.Ch., D.P.H. (Commenced 1.1.60).

D. IRONSIDE, M.B., Ch.B., D.P.H. (Part-time).

M. STEWART, M.R.C.S., L.R.C.P. (Part-time).

Consultant Tuberculosis Officer (Part-time):

F. RIDEHALGH, M.D., F.R.C.P.

Principal Dental Officer:

C. H. I. MILLAR, B.Sc., L.D.A.

Assistant Dental Officer:

Vacant.

Chief Public Health Inspector:

W. COMBEY, D.P.A., F.A.P.H.I., A.M.I.P.H.E. (a) (b) (c) (d)

Deputy Chief Public Health Inspector:

E. Edlington. (a) (b) (d)

District Public Health Inspectors:

J. BURR (f).

K. ENGLAND (a) (b).

K. O. KEIGHLEY (a) (b).

D. G. LORD (f).

J. P. MULLARD (a) (b).

A. F. PAVEY (a) (b).

J. G. SCOTT (a) (b) (e).

D. WATSON (a) (b) (d).

Pupil Public Health Inspectors: 2.

(a) Sanitary Inspector's Certificate, Sanitary Inspector's Joint Board.

(b) Meat and Food Inspector's Certificate, Royal Society of Health.

(c) Sanitary Science Certificate, Royal Society of Health.

(d) Smoke Inspector's Certificate, Royal Society of Health.

(e) Testamur of Institute Public Cleansing.

(f) Public Health Inspector's Certificate, Public Health Inspectors' Joint Board.

*Van Driver: 1. Outside Public Health Assistants: 3.**Superintendent Health Visitor:*

Miss M. G. ATKINSON (a) (c) (d) (e).

Senior Health Visitor:

Miss G. DAVIES (a) (c) (d).

Health Visitors:

Miss J. BARNETT (a) (c) (d).

Miss E. J. BLACKLER (a) (c) (d). (commenced 5.9.60)

Miss D. BREE (a) (c) (d).
 Miss M. BROWN (a) (c) (d) (e)
 Miss N. CROOKALL (a) (d).
 Mrs. I. EAGLE (a) (c) (d).
 Miss B. M. GUY (a) (c) (d).
 Miss K. J. HAYES (a) (c) (d).
 Miss G. M. LAWRENCE (a) (c) (d).
 Miss E. M. MAYLAM (a) (c) (d).
 Miss B. P. O'Flanagan (a) (c) (d). (Ceased 30.11.60).
 Miss D. PYLE (c) (d).
 Miss H. RANKIN (a) (c) (d).
 Miss M. SALMON (a) (d).
 Miss H. SPICKERNELL (a) (c) (d).
 Miss D. R. TATTERSALL (a) (c) (d).

Student Health Visitors:

5 1st year, 4 2nd year.

Non-Medical Supervisor of Midwives:

Miss P. V. Needham (a) (c). (Ceased 14.4.60).
 Miss P. MILLAR (a) (c). (Transferred from Domiciliary Midwife 19.4.60).

Midwives:

Miss M. C. R. FISHER (a) (c).
 Mrs. A. E. GODFREY (c). (Retired 30.9.60).
 Miss U. M. HICKEY (a) (c). (Commenced 5.9.60).
 Miss D. INNESS (a) (c).
 Miss P. MILLAR, (a) (c). Transferred to Non-Medical Supervisor of Midwives, 19.4.60.
 Miss M. R. POWELL (a) (c).
 Miss G. M. STACY MARKS (a) (c). (Commenced 1.10.60).
 Miss G. M. STEWART (a) (c).
 Miss M. E. VINER (a) (c).

Superintendent, District Nurses:

Miss H. LONGHURST (a) (c) (d) (e).

Assistant Superintendent, District Nurses:

Mrs. G. A. TIDD (a) (c) (d) (e).

Senior District Nurses:

Miss H. MASSEY (a) (e). (Transferred from District Nurse 1.12.60. Headington Branch Home).
 Miss G. PUGH (a) (e). (Transferred from District Nurse 1.12.60. Cowley Branch Home).

District Nurses:

Mrs. E. M. ANDERSON (a) (c) (e). (Ceased 31.8.60).
 Mrs. M. ANGELL (a) (e).
 Miss A. E. BURROWS (a) (c) (e). (Temporary, commenced 4.5.60).
 Miss A. M. CARPENTER (a) (e).
 Miss E. CROWTHER (a) (c) (e). (Ceased 30.9.60).
 Miss M. DOUGLAS (a) (c) (e). (Ceased 31.1.60).
 Miss N. G. DREWE (a) (c) (e).
 Miss B. M. FORSTER (a) (c) (e). (Ceased 30.4.60).
 Miss J. L. FULLER (a) (c) (e).
 Miss C. T. HOWLETT (a) (c) (e). (Commenced 29.8.60).
 Miss D. M. KING (a) (c) (e).
 Miss H. MASSEY (a) (e). (Transferred to Senior District Nurse 1.12.60).
 Mrs. E. MOBEY (a) (c) (e).
 Miss B. MOSS (a) (e).
 Mrs. P. J. SECCULL (née PREECE) (a) (e).
 Miss G. PUGH (a) (e). (Transferred to Senior District Nurse 1.12.60).
 Mrs. R. QUIGLEY (a).
 Mrs. H. ROBERTSON (a) (c) (e).
 Miss E. THOMPSON (a) (e). (Ceased 1.9.60).
 Miss M. E. TINGLEY (a) (c) (e). (Ceased 28.9.60).
 Miss W. WILSON (a) (c) (e).
 Mrs. L. HIGGINSON (a) (c) (e). (Part-time). (Ceased 17.12.60).
 Mrs. A. E. STRAPPS (a) (c) (e). (Part-time). (Ceased 1.10.60).
 Mrs. C. BARKER, Nursing Orderly.

Student District Nurses. Nil.

Mother and Baby Hostel:

Mrs. B. HUMPHRIES (a) (c). Matron.
 Miss F. BOLTON (f). Deputy Matron.
 Miss F. A. Goddard, C.C.R., Nurse (Part-time). (Commenced 20.9.60).

*Nurseries:**Botley Road Day Nursery:*

Miss G. M. NIXEY (f), Matron.
 Miss G. M. THOMAS (f), Deputy Matron.
 2 Nursery Nurses.

Florence Park Day Nursery:

Mrs. E. PEARCE (a) (c), Matron.
 Miss G. M. HARRIS (f), Deputy Matron.
 2 Nursery Nurses.

Home Help Service:

Miss P. E. URBAN-SMITH, Organiser.
 Miss K. THICKE, Assistant Organiser.

Occupational Therapists :

Miss E. M. TARGETT, M.A.O.T., Head Occupational Therapist.
 Miss A. E. DARRELL, M.A.O.T., Assistant Occupational Therapist.
 Miss J. A. GOULD, Dip.O.T. (Rand, S.A.), Assistant Occupational Therapist.

Almoners:

Mrs. D. HICKS (Tuberculosis). (Part-time).
 Miss A. JACKSON (Venereal Diseases). (Part-time).

Mental Welfare:

A. ROBERTSON, Senior Mental Welfare Officer.
 D. A. PURRETT, Mental Welfare Officer.
 Miss E. GILBERTSON (a) (c) (d). Mental Welfare Officer.

Training Centre:

Miss O. WARBURTON, Supervisor.
 5 Assistant Supervisors.

Welfare Services:

J. C. DAVENPORT, Chief Welfare Services Officer.
 J. HADFIELD, Senior Assistant Welfare Services Officer.
 J. CLARKE, Assistant Welfare Services Officer.
 Miss A. C. HERBERT (a), Assistant Welfare Services Officer. (Commenced 2.5.60).
 Miss D. WEBB (a) (c) (d), Assistant Welfare Services Officer (Transferred to Matron, Frilford House Old People's Home, 1.2.60).
 Mrs. E. E. DEAN, Home Teacher to the Blind.
 Miss J. BARON, Home Teacher to the Blind.
 N. BOWLEY, Superintendent of Handicapped Workshop.
 M. TRAFFORD, Foreman of Handicapped Workshop. (Commenced 8.2.60).
 Mrs. E. M. GOULD, Assistant, Handicapped Retail Shop. (Commenced 1.2.60).
 Miss B. SINGLETON, M.Ch.S., Chiropodist. (Part-time).

*Old People's Homes:**Barton End:*

Mrs. N. K. DIXIE (a), Matron.
 Mrs. A. M. BRANCH (a) (c), Assistant Matron. (Part-time). Ceased 19.9.60).
 Mrs. M. I. JAMES (a), Assistant Matron. (Ceased 24.6.60).
 Mrs. N. M. WILLIAMS (a), Assistant Matron (Temporary). (Commenced 15.9.60, Ceased 10.11.60).

Frilford House:

J. CHERRY, M.B., B.S., Medical Officer (Part-time).
 Miss M. E. JONES (a), Matron. (Retired 29.2.60).
 Miss D. WEBB (a) (c) (d), Matron. (Transferred from Assistant Welfare Services Officer 1.2.60). (Ceased 24.8.60).
 Mrs. A. E. BUTLER (a), Matron. (Commenced 15.8.60).
 Miss M. GILLESPIE (b), Assistant Matron. (Commenced 1.4.60). (Transferred to Townsend House 14.9.60).

The Laurels:

R. G. ANDERSON, M.B., Ch.B., Medical Officer (Part-time).
 Mrs. E. GEARING (a), Matron.

Marston Court:

Mrs. M. E. SWAIN (a), Matron. (Transferred from Assistant Matron, Townsend House, 27.6.60).

Mrs. M. SMITH (a), Assistant Matron. (Commenced 1.12.60).

Shotover View:

Miss M. A. BULBECK (b), Matron.

Mrs. A. E. COULTER-SMITH (b), Assistant Matron. (Commenced 3.2.60).

Townsend House:

Mrs. L. TEMPLETON (a), Matron.

Mrs. M. E. SWAIN (a), Assistant Matron. (Transferred to Matron, Marston Court, 27.6.60).

Miss M. GILLESPIE (c) Assistant Matron. (Transferred from Frilford House, 14.9.60).

Administrative:

H. G. ANNELY, Chief Administrative Assistant.

T. D. THOMSON, Senior Administrative Assistant.

R. J. CRANE, Senior Clerical Assistant, Welfare Section.

L. W. PEARMAN, Senior Clerical Assistant, Public Health Inspector's Section.

Mrs. J. R. ROBINSON, Medical Officer of Health's Secretary. (Ceased 31.3.60).

Miss M. V. CRABB, Medical Officer of Health's Secretary. (Commenced 1.4.60).

Miss G. J. SEYMOUR, Chief Public Health Inspector's Secretary. (Commenced 1.3.60).

W. J. GIBBS, Clerical Assistant.

Miss H. M. MITCHELL, Clerical Assistant, Maternity, Child Welfare and Infectious Diseases.

J. PORTER, Clerical Assistant. (Commenced 16.3.60, ceased 16.10.60).

Mrs. P. M. WHITING, Clerical Assistant, Mental Welfare.

J. E. STIMSON, Clerical Assistant. (Commenced 14.11.60).

Miss M. E. WOOD, Clerical Assistant, District Nurses (Transferred to Clerk/Receptionist, Blackbird Leys Health Centre, 5.12.60).

Vacant, Clerical Assistant, District Nurses.

Mrs. E. COLLIER, Clerk/Receptionist, Blackbird Leys Health Centre. (Commenced 9.5.60, ceased 5.12.60).

Miss M. E. WOOD, Clerk/Receptionist, Blackbird Leys Health Centre. (Commenced 5.12.60).

4 Shorthand Typists.

16 Clerks, General Division.

Civil Defence:

D. E. BRADBERRY, Instructor and Organiser, Welfare Section.

(a) State Registered Nurse.

(b) State Enrolled Nurse.

(c) State Certified Midwife.

(d) Health Visitor's Certificate, Royal Society of Health.

(e) Queen's Nurse.

(f) Certified Nursery Nurse.

OFFICES and ESTABLISHMENTS of the HEALTH DEPARTMENT

		Telephone No.
Main Office	Greyfriars, Paradise Street	Oxford 47212
Mental Welfare	} 24 Church Street, St. Ebbe's	,, ,,
Immunisation and Vaccination		
Welfare Foods	} 3 Castle Terrace, St. Ebbe's	,, ,,
Health Visitors		
District Nurses, Main Home	39/41 Banbury Road	,, 57721
Branch Homes	23 Hollow Way, Cowley	,, 77382
	79 St. Leonard's Road	,, 62321
Midwives Hostel	82/4 Abingdon Road	,, 47985
Home Help Organiser	29/31 George Street	,, 47977
Public Health Inspector's Office	36 Pembroke Street, St. Aldate's	,, 49671
Health Centre	Blackbird Leys Estate, Cowley	,, 78244

CLINICS

1. *Antenatal*

Bury Knowle House, Old High Street, Headington	Friday	9.30 a.m.
East Oxford Centre, 151a Cowley Road	Tuesday	9.30 a.m.
60 St. Aldate's	Thursday	9.30 a.m.
2. *Child Welfare*

Alexandra Court Clinic, Woodstock Road	Wednesday	2—4 p.m.
Blackbird Leys Health Centre, Cowley	*Tuesday 2.30—3.30 p.m.	
	Thursday	2—4 p.m.
Bury Knowle House, Old High Street, Headington	Tuesday	2—4 p.m.
	Thursday	2—4 p.m.
Church Hall, Main Road, New Marston	Wednesday	2—4 p.m.
Church Room, Canning Crescent	Tuesday	2—4 p.m.
Clinic Premises, 14 Church Street, St. Ebbe's	Monday	2—4 p.m.
	Friday	2—4 p.m.
Community Centre, Hockmore Street, Cowley	Monday	2—4 p.m.
	Friday	2—4 p.m.
Community Centre, The Oval, Rose Hill	Thursday	2—4 p.m.
Community Centre, Underhill Circus, Barton Estate, Headington	Wednesday	2—4 p.m.
Donnington School Clinic, Henley Avenue	Tuesday	2—4 p.m.
	Wednesday	2—4 p.m.
	*Friday	2—4 p.m.
East Oxford Centre, 151a Cowley Road	Monday	2—4 p.m.
	Friday	2—4 p.m.
G.F.S. Haigh Hut, 48 Woodstock Road	Monday	2—4 p.m.
	Friday	2—4 p.m.
Northway Clinic, Maltfield Road	Thursday	2—4 p.m.
Slade Park Clinic, 2nd Avenue, Slade Park	Tuesday	2—4 p.m.
	Wednesday	2—4 p.m.
Village Hall, Wolvercote	Thursday	2—4 p.m.

* General Practice Clinic
3. *Immunisation and Vaccination*

60 St. Aldate's	Monday	5—6 p.m.
(also on application at Child Welfare Clinics)	Wednesday	5—6 p.m.
4. *Dental*

60 St. Aldate's		By appointment
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SECTION II

STATISTICS

Report prepared by H. G. ANNELY
Chief Administrative Assistant

SUMMARY

Area of City	8,785 acres
Population (estimated mid-year 1960)	104,490
Number of inhabited houses at 31.3.60	28,414
Rateable value of City at 31.3.60	£2,201,221
Product of a penny rate for 1959/60	£8,544
Total cost of all health services 1959/60:—	

	<i>Gross</i>		<i>Net</i>
	£		£
Public Health Services	25,802		24,910
National Health Service Act, 1946	191,638		156,372
National Assistance Act, 1948	132,687		88,528
	<u>£350,127</u>		<u>£269,810</u>
	<i>City of Oxford</i>	<i>England</i>	
	<i>Average</i>	<i>and Wales</i>	
	1960	1950-59	1960
Live births:—			
Number	1549		782,673
Rate per 1000 population (Recorded)	14.83	14.09	
Rate per 1000 population (as adjusted by comparability factor 0.97)	14.38		17.1
Illegitimate live births per cent of total live births	8.84	7.41	
Stillbirths:—			
Number	24		15,734
Rate per 1000 total live and stillbirths	15.26	16.47	19.7
Total live and stillbirths	1573		798,407
Infant deaths (deaths under 1 year)	25		16,961
Infant mortality rates:—			
Total infant deaths per 1000 live births	16.14	20.55	21.7
Legitimate infant deaths per 1000 legitimate live births	17.00	20.32	
Illegitimate infant deaths per 1000 illegitimate live births	7.30	21.45	

	<i>City of Oxford</i> <i>Average</i>		<i>England</i> <i>and Wales</i>
	1960	1950-59	1960
Neonatal mortality rate (deaths under 4 weeks per 1000 total live births)	8.39	14.29	15.6
Early neonatal mortality rate (deaths under 1 week per 1000 total live births)	7.75	12.25	
Perinatal mortality rate (stillbirths and deaths under 1 week per 1000 total live and stillbirths ..	22.88	28.35	
Maternal mortality (including abortion)			
Number of deaths	1		311
Rate per 1000 total live and stillbirths	0.64	0.13	0.39
Death rate per 1000 population (recorded)	10.08	9.93	
Death rate per 1000 population (as adjusted by comparability factor 0.93)	9.37		11.5
Death rate per 1000 population from:—			
(a) Diseases of the heart and circulatory system	3.52	3.51	
(b) Cancer (all forms)	1.99	1.81	2.15
(c) Pneumonia, bronchitis and other diseases of the respiratory system	1.08	1.09	
(d) Tuberculosis (all forms)	0.09	0.13	0.07
(e) Violence (including suicides) ..	0.56	0.43	

BIRTHS

Total registered live births:—

Male .. .. .	..	..	1879
Female .. .. .	..	..	1704
			<hr/>
			3583
			<hr/>
(Illegitimate .. .. .	..	..	242)

Of the 3583 births registered 1,502 were Oxford residents and 47 births to Oxford residents occurred outside the City, making a total of 1,549 births allocated to the City. Of these 1,412 were legitimate (724 male, 688 female) and 137 were illegitimate (75 male, 62 female).

CLASSIFICATION OF BIRTHS OCCURRING IN THE CITY

(a) According to notifications

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Notified by domiciliary midwives	618	5	—	—
Notified by general practitioners	2	—	—	—
Notified by Nuffield Maternity Home ..	484	13	1386	46
Notified by Churchill Hospital	387	6	690	11
Notified by Radcliffe Infirmary	—	—	2	—
Notified by Slade Hospital	—	—	2	—
	1491	24	2080	57

(b) According to Place of Birth (registered births)

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Born in Nuffield Maternity Home	507	13	1382	46
Born in Churchill Hospital	389	6	685	11
Born in Slade Hospital	—	—	2	—
Born in private houses	606	5	12	—
	1502	24	2081	57

BIRTHS AND DEATHS IN THE CITY, 1916—1960

Year	Popula- tion estimated to Middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Net deaths belonging to the District			
		Uncor- rected No.	Nett		No.	Rate	of Non- residents registered in the District	of Resi- dents not registered in the District	Under 1 year		At all ages	
			No.	Rate					No.	Rate per 1000 Nett Births	No.	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1916	55,148		881	15.97	697	12.64	166	78	59	66.9	609	11.1
1917	*59,193		656	11.08	756	14.23	150	104	57	86.9	710	13.1
	53,104											
1918	*55,472		700	12.62	987	19.94	204	94	44	62.8	877	17.1
	49,508											
1919	*60,071		796	13.25	714	12.38	117	89	47	59.0	686	11.1
	57,666											
1920	59,963		1083	18.06	635	10.59	93	69	60	55.4	611	10.1
1921	56,400	957	929	16.47	681	12.07	124	42	34	36.6	598	10.1
1922	56,510	982	902	15.96	812	14.37	153	62	54	59.8	721	12.1
1923	56,920	997	876	15.39	699	12.28	157	49	39	44.5	594	10.1
1924	57,260	1052	878	15.30	826	14.42	163	21	46	52.4	685	11.1
1925	57,090	1079	882	15.45	815	14.27	190	50	44	49.88	677	11.1
1926	56,800	1072	852	15.00	813	14.31	194	69	51	59.8	691	12.1
1927	57,050	1079	848	14.86	847	14.84	194	71	40	47.17	743	13.1
1928	60,800	1162	836	13.75	766	12.59	204	73	32	38.27	634	10.1
1929	*70,730	1265	1017	14.37	1082	15.30	216	52	65	63.91	918	13.1
	70,590											
1930	*74,000	1380	1159	15.66	966	13.08	211	48	47	40.55	803	10.1
	73,810											
1931	*80,810	1427	1216	15.04	1005	12.48	195	57	54	44.4	867	10.1
	80,530											
1932	81,260	1397	1114	13.71	1054	12.97	212	49	69	62.94	891	10.1
1933	83,410	1460	1140	13.67	1086	13.02	220	59	37	32.46	925	11.1
1934	85,800	1578	1200	13.98	1104	12.87	280	42	54	45.00	866	10.1
1935	88,200	1748	1344	15.24	1130	12.81	289	52	41	30.51	893	10.1
1936	90,140	1787	1379	15.30	1153	12.79	299	62	62	44.96	916	10.1
1937	92,440	1779	1343	14.53	1193	12.90	297	57	49	36.48	953	10.1
1938	94,090	1867	1438	15.28	1128	12.00	300	44	51	35.47	872	9.1
1939	96,200	1966	1340	14.02	1248	13.97	397	55	31	22.68	906	9.1
1940	96,570	2417	1401	14.51	1608	16.65	484	79	62	40.39	1203	12.1
1941	106,900	3144	1506	14.09	1584	14.82	520	64	57	34.25	1136	10.1
1942	104,600	3124	1612	15.41	1480	14.51	519	59	54	33.5	1020	9.1
1943	103,900	3166	1676	16.13	1510	14.53	482	66	55	32.82	1094	10.1
1944	100,370	3554	1889	18.82	1484	14.78	566	60	46	24.35	978	9.1
1945	98,020	2858	1683	17.17	1509	15.39	510	57	59	35.05	1056	10.1
1946	100,590	2970	1838	18.27	1430	14.21	476	57	60	32.64	1011	10.1
1947	103,210	3195	1895	18.36	1484	14.38	434	64	56	29.55	1114	10.1
1948	105,150	2833	1628	15.48	1328	12.63	461	40	38	23.34	907	8.1
1949	107,100	3022	1643	15.34	1500	14.00	506	77	44	26.78	1071	10.1
1950	108,200	2981	1549	14.32	1504	13.91	520	67	31	20.01	1051	9.1
1951	106,400	2956	1543	14.50	1608	15.11	579	83	29	18.79	1112	10.1
1952	107,100	2927	1557	14.55	1536	14.35	635	56	37	23.76	957	8.1
1953	107,000	2861	1569	14.66	1573	14.70	499	35	32	20.40	1109	10.1
1954	106,900	2748	1458	13.64	1584	14.82	637	33	34	23.32	980	9.1
1955	105,500	2832	1412	13.38	1674	15.87	709	37	28	19.83	1002	9.1
1956	104,500	3034	1421	13.60	1727	16.53	681	34	28	19.70	1080	10.1
1957	104,400	3247	1477	13.60	1639	15.72	641	40	28	18.95	1038	9.1
	† 104,230											
1958	104,100	3170	1433	13.76	1753	16.84	735	39	30	20.93	1057	10.1
1959	104,000	3438	1560	15.0	1847	17.38	777	47	31	19.87	1117	10.1
1960	104,490	3583	1549	14.83	1747	16.72	737	43	25	16.14	1053	10.1

* Population birth rate.

City Extended 1st April, 1929.

† Population birth and death rates. City Extended 1st April 1957.

The rates for 1939, 1940 and 1941 are based on figures of births supplied by the Registrar General which are adjusted to allow for evacuation population.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE CITY OF OXFORD DURING 1960

(Table of Registrar General)

CAUSES OF DEATH	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
ALL CAUSES	1053	25	5	3	8	42	207	273	490
1 Tuberculosis, respiratory	7	—	—	—	—	3	1	1	2
2 Tuberculosis, other	2	—	—	—	—	1	—	—	1
3 Syphilitic disease	1	—	—	—	—	—	—	1	—
4 Diphtheria	—	—	—	—	—	—	—	—	—
5 Whooping Cough	—	—	—	—	—	—	—	—	—
6 Meningococcal infections	—	—	—	—	—	—	—	—	—
7 Acute poliomyelitis	—	—	—	—	—	—	—	—	—
8 Measles	1	—	1	—	—	—	—	—	—
9 Other infective and parasitic dis- eases	3	1	—	—	—	—	1	—	1
0 Malignant neoplasm, stomach ..	33	—	—	—	—	—	10	8	15
1 Malignant neoplasm, lung, bronchus	46	—	—	—	—	2	20	17	7
2 Malignant neoplasm, breast ..	17	—	—	—	—	1	7	3	6
3 Malignant neoplasm, uterus ..	8	—	—	—	—	1	5	1	1
4 Other malignant and lymphatic neoplasms	104	—	—	1	1	5	30	28	39
5 Leukaemia, aleukaemia	9	—	—	—	1	3	1	—	4
6 Diabetes	7	—	—	—	—	—	1	—	6
7 Vascular lesions of nervous system	175	—	—	—	—	2	34	33	106
8 Coronary disease, angina ..	201	—	—	—	—	4	36	75	86
9 Hypertension with heart disease ..	21	—	—	—	—	1	4	6	10
0 Other heart disease	92	—	—	—	—	3	10	18	61
1 Other circulatory disease ..	54	—	—	—	—	1	6	14	33
2 Influenza	2	—	—	—	—	—	—	2	—
3 Pneumonia	61	3	3	—	—	—	10	8	37
4 Bronchitis	40	—	—	—	—	—	4	19	17
5 Other diseases of respiratory system	12	—	—	—	—	1	2	5	4
6 Ulcer of stomach and duodenum ..	9	—	—	—	—	—	1	4	4
7 Gastritis, enteritis and diarrhoea ..	3	—	—	—	—	—	—	—	3
8 Nephritis and nephrosis	6	—	—	—	—	—	—	1	5
9 Hyperplasia of prostate	3	—	—	—	—	—	—	1	2
0 Pregnancy, childbirth, abortion ..	1	—	—	—	—	1	—	—	—
1 Congenital malformations ..	10	8	—	—	1	—	1	—	—
2 Other defined and ill-defined dis- eases	66	13	1	1	—	2	12	18	19
3 Motor vehicle accidents	16	—	—	1	2	2	5	—	6
4 All other accidents	30	—	—	—	2	3	3	8	14
5 Suicide	12	—	—	—	1	5	3	2	1
6 Homicide and operations of war ..	1	—	—	—	—	1	—	—	—

The deaths of Oxford residents registered away from Oxford are included in, and the deaths of non-residents registered in Oxford are excluded from the Oxford net deaths.

CLASSIFICATION OF CAUSES OF DEATH

The preceding table gives a short analysis of the causes of death and the ages at which they occurred. Of the total of 1,053 deaths, 507 were male and 546 female. The death rate of 10.08 (recorded) is a little lower than last year.

There were 7 deaths from tuberculosis of the respiratory system compared with 9 in 1959.

Cancer deaths number 208 (all sites) compared with 202 in 1959. Deaths from cancer of the lung and bronchus numbered 46, a decrease of 4 over the previous year.

Deaths from pneumonia totalled 61 compared with 73 last year. There were 2 deaths from influenza, a decrease of 17 over the 1959 total.

One maternal death occurred during the year and there was one death from measles.

There were no deaths from poliomyelitis, diphtheria, whooping cough or scarlet fever.

RESIDENTS WHO DIED IN INSTITUTIONS IN OXFORD

	1960
United Oxford Hospitals Group	474
Oxford Regional Hospital Board Group	9
Nursing Homes	14
Old People's Homes (Local Health Authority)	25
Old People's Homes (Private)	23
	<hr/>
	*545
	<hr/>

* = 31.19% of total deaths

RESIDENTS WHO DIED AWAY FROM OXFORD

Oxford Regional Hospital Board Group	9
Institutions and Nursing Homes	17
Private Houses	9
Accidents, etc.	8
	<hr/>
	43
	<hr/>

NON-RESIDENTS WHO DIED IN OXFORD

United Oxford Hospitals Group	641
Oxford Regional Hospital Board Group	10
Other Institutions and Nursing Homes	24
Private Houses	13
Accidents, etc.	49
	<hr/>
	737
	<hr/>

DEATHS FROM TUBERCULOSIS

YEARS 1941—1960

	PULMONARY							NON-PULMONARY						
	0-	1-	5-	15-	45-	65-	Total	0-	1-	5-	15-	45-	65-	Total
1941	1	—	—	27	17	3	48	—	3	—	5	—	1	9
1942	1	1	2	24	27	3	58	1	—	1	4	1	1	8
1943	1	—	—	22	14	7	44	—	1	1	6	—	1	9
1944	1	1	—	25	9	4	40	—	1	2	2	2	—	7
1945	1	—	—	22	9	5	37	—	—	—	4	2	—	6
1946	—	—	—	16	10	2	28	1	3	1	4	3	1	13
1947	—	—	1	25	10	3	39	—	—	—	3	2	—	5
1948	—	—	—	24	8	4	36	—	—	1	1	3	1	6
1949	—	—	—	11	4	9	24	—	1	—	2	—	1	4
1950	—	—	1	7	9	6	23	—	—	1	1	3	—	5
1951	—	—	—	3	14	7	24	—	1	—	2	1	1	5
1952	—	—	1	4	6	—	11	—	1	—	1	1	1	4
1953	—	—	—	5	8	7	20	—	—	—	1	1	—	2
1954	—	—	—	3	—	4	7	—	—	—	1	—	—	1
1955	—	—	—	2	3	5	10	—	—	—	1	1	—	2
1956	—	—	—	1	2	2	5	—	—	—	—	—	—	—
1957	—	—	—	—	4	1	5	—	—	—	1	—	—	1
1958	—	—	—	—	2	4	6	—	—	—	—	—	—	—
1959	—	—	—	3	3	3	9	—	—	1	—	1	—	2
1960	—	—	—	3	1	3	7	—	—	—	1	—	1	2

The following table shows the deaths from cancer under various headings for the last twelve years:—

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
*Buccal cavity and oesophagus (male)	4	—	—	—	—	—	—	—	—	—	—	—
Uterus (female)	12	12	5	7	9	6	5	11	5	6	8	8
*Stomach and duodenum—												
Male ..	18	—	—	—	—	—	—	—	—	—	—	—
Female ..	16	—	—	—	—	—	—	—	—	—	—	—
*Stomach—												
Male ..	—	12	12	19	22	11	14	15	18	13	13	17
Female ..	—	11	13	9	8	15	15	17	2	9	7	16
*Lung, bronchus—												
Male ..	—	35	37	36	29	33	28	31	38	35	43	40
Female ..	—	5	7	3	5	1	5	8	11	2	7	6
Breast ..	18	22	19	21	23	16	9	18	17	17	27	17
All other sites—												
Male ..	58	55	72	42	46	47	62	48	53	49	43	56
Female ..	46	40	46	48	49	43	56	49	46	45	54	48
Totals ..	172	192	211	185	191	172	194	197	190	176	202	208

* (Classification of sites amended from 1950).

Age and sex distribution of Cancer deaths

	All Ages	0-	5-	15-	25-	45-	65-	75-
Male	113	—	1	1	4	42	38	27
Female	95	—	—	—	5	30	19	41
Total ..	208	—	1	1	9	72	57	68

Analysis of deaths from cancer according to the site of the disease:—

	MALE							FEMALE						
	0-	5-	15-	25-	45-	65-	75-	0-	5-	15-	25-	45-	65-	75-
Stomach ..	—	—	—	—	4	7	6	—	—	—	—	6	1	9
Lung, bronchus	—	—	—	1	18	15	6	—	—	—	1	2	2	1
Breast ..	—	—	—	—	—	—	—	—	—	—	1	7	3	6
Uterus ..	—	—	—	—	—	—	—	—	—	—	1	5	1	1
All other sites	—	1	1	3	20	16	15	—	—	—	2	10	12	24
Total ..	—	1	1	4	42	38	27	—	—	—	5	30	19	41

SECTION III

(a) HEALTH CENTRES AND G.P. SURGERY PREMISES

BLACKBIRD LEYS HEALTH CENTRE

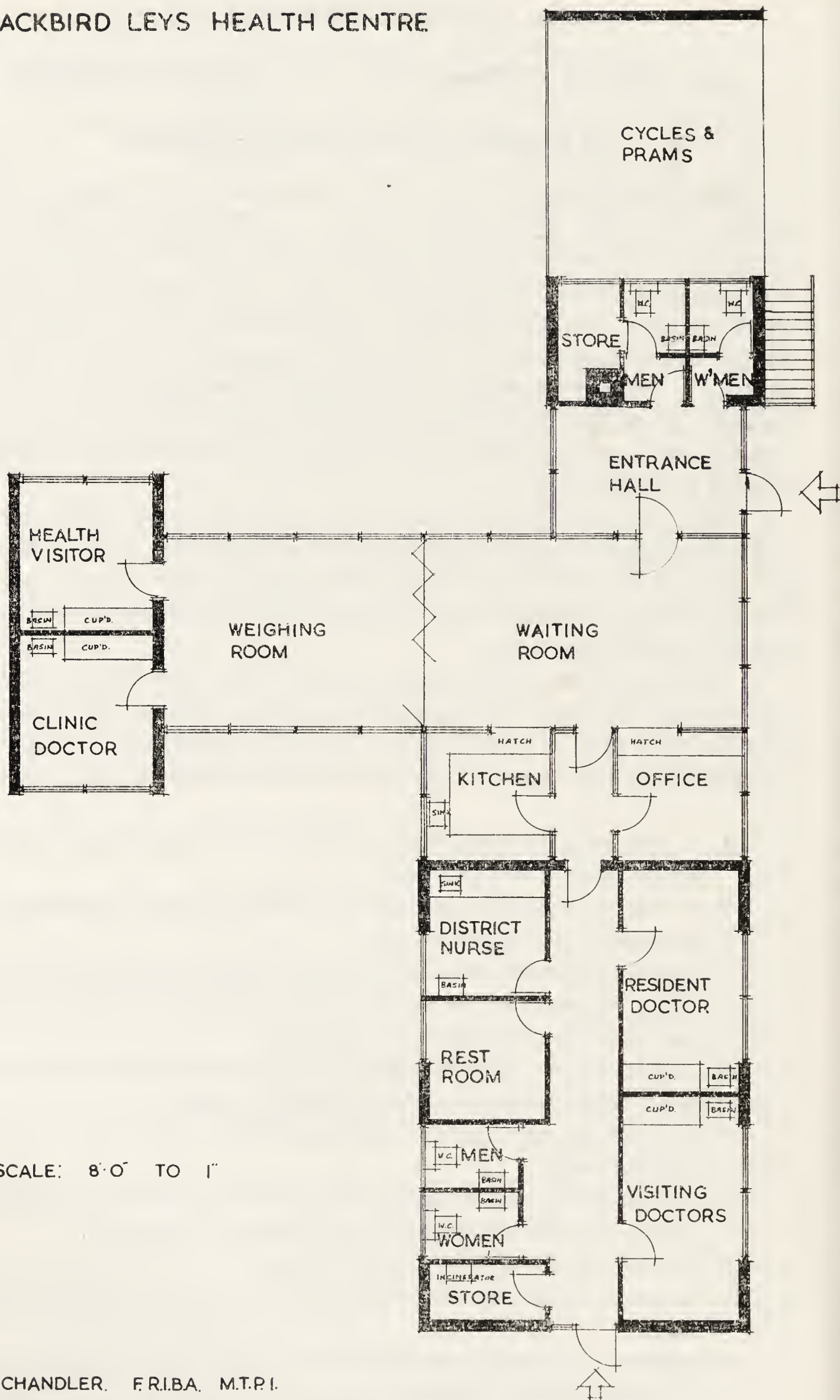
The Blackbird Leys estate was planned for a population of about 5,000 and, because of its size and siting, it was considered that it would require its own medical services and that these should be provided at an early stage in the development of the estate. The local health authority required clinic facilities including accommodation for the area health visitor and district nurse, and general practitioner services would be needed. The City Council, Local Medical Committee and Executive Council all agreed that the needs of the local authority and general practitioner services could best be met by the provision of one building, namely a Health Centre.

With regard to general practitioner services, it was considered that provision should be made for a doctor who would live on the estate and practice wholly from the Health Centre, together with surgery facilities for any City practitioners who wished to hold branch surgeries for their patients on this new estate.

The Health Centre was designed on the basis of providing the necessary accommodation in the simplest way and as inexpensively as possible, and the final plan as approved by the Health Committee in July, 1957, is included in this report. Briefly, the accommodation is as follows:—

1. A surgery for a practitioner resident on the estate and practising whole-time from the Centre.
2. A surgery available for hire by visiting general practitioners.
3. A room for the district nurse.
4. A general purpose room, which can be used by general practitioners as an examination room, an isolation room, or a recovery room.
5. An office for a secretary/receptionist.
6. A dual-purpose waiting room for those attending either general practitioner surgeries or local authority clinics.
7. A weighing room with a sliding partition separating it from the waiting room.
8. A room for the clinic doctor which can also be used as an additional surgery for visiting general practitioners if necessary.
9. A room for the district health visitor.
10. A small kitchen for the preparation of teas and storage of welfare foods.
11. Separate sanitary accommodation for staff and patients.
12. A small cleaner's-storeroom.
13. Boiler house and oil fuel tank.
14. Pram shelter, car and cycle park.

BLACKBIRD LEYS HEALTH CENTRE



SCALE: 8' 0" TO 1"

E.G. CHANDLER. F.R.I.B.A. M.T.P.I.
CITY ARCHITECT & PLANNING OFFICER,
TOWN HALL, OXFORD



HEALTH CENTRE, BLACKBIRD LEYS ESTATE

It was agreed that the Health Centre should be sited at the centre of the estate and that it should be ready for use by the time the population had reached about 1,200.

The Centre was designed as a one-storey building of traditional brick construction; the space heating and domestic hot water supply to be provided by an oil-fired boiler. The inclusive cost of the building, plus purchase of site and equipment, and layout of grounds and car park, was £15,850. The estimated annual gross running costs were £2,050, including loan charges and salary and wages of clerk/receptionist and caretaker/cleaner. This would be reduced by the rentals received from general practitioners which had been agreed at £360 per annum for the exclusive use of a surgery, and 15/- per two hour session for the hire of a surgery.

The Centre opened for use on the 2nd May, 1960, with one general practitioner working wholly from the Health Centre, and four visiting practitioners undertaking a total of six sessions between them. Shortly afterwards the visiting practitioners requested four additional surgery sessions making ten in all; and a little later a fifth practitioner requested five sessions, bringing the total to five visiting doctors giving 15 sessions per week in addition to the doctor practising wholly from the Centre. This was the position when the Centre was officially opened by Lord Taylor on Thursday, 15th December, 1960.

The following is a summary of Lord Taylor's address:—

“It was with great pleasure that I received the invitation to open this Centre, the first one in this City. The building has been well planned, and every use has been made of the space available. In other places where Health Centres have been built, particularly the first one in the London area, the cost was very high and the building large; you have built one here the right size and for about a tenth of the cost.

This Centre built within a housing estate which will eventually serve a population of about 8,000 is quite large enough for 14,000. You have planned a dual-purpose waiting room for patients attending either general practitioner surgeries or local authority clinics. There is ample space to add further rooms to the Centre for other services, should this be necessary.

It is to this central building on the estate that the residents will come for all medical purposes, with the doctors, health visitors and district nurses all working together as a team—a jolly good partnership which can take care of whole families—including problem families of which we are aware. The Centre is being used every day by general practitioners who are paying their share of the cost. The health visitor is here and the district nurse also has her own room. General practitioners run their own antenatal and child welfare clinics.

Most Health Centre buildings, like your own, seem to have flat roofs in an effort to keep the cost low, but they are always troublesome and our Architects tell us that the leaks in the roof are firstly due to excessive rain, then condensation, and finally drying out. I am pleased to see a car park

sufficient in size for all the workers at the Health Centre, and easy access to get in or out.

In most Health Centres electricity is the form of heating, but I am pleased to see that you have gone in for central heating by an oil-fired boiler, and although it has increased the capital cost it will be far cheaper than electricity as far as the running costs are concerned.

As this is the only community building on the estate, the residents will look upon it as a meeting place, and any voluntary efforts that can be made to add to the social amenities of the residents will make a great deal of difference, and add enormously to their attachment to the Centre. I am pleased to hear that the building is being used for church services on Sundays.

In the building of the Health Centre, several Committees have been involved—Local Medical Committee, Executive Council, and the Health Committee of the City Council, and I think they have done a good job.

The equipping of the Centre has been carried out very well. The general practitioners have their surgeries in a separate wing, free from noise, but with venetian blinds which I do not like—they get very dirty and sometimes do not work—but with large windows such as these something must be fitted to prevent anyone looking in when the doctor is holding his surgery.

I think you have done a wonderful job, and I leave it to the good sense of the doctors and local authority staff to carry on. I am pleased that you have built such a Centre, and it gives me great pleasure to declare the Blackbird Leys Health Centre open.”

There is no doubt that this Centre has already served a very useful purpose. It is now understood that the estate will be larger than at first planned and may extend to 8,000 residents, but even so it is hoped that the Health Centre will be adequate.

A very happy team spirit has already developed between all those working at the Centre and although a Medical Committee and a larger Staff Committee composed of all workers at the Centre have been formed, it has only been necessary for them to meet very infrequently.

MINCHERY FARM ESTATE GENERAL PRACTITIONER SURGERY PREMISES

These rather unique premises built as a branch surgery by the Housing Committee to serve the Minchery Farm Estate (population 2,000 approx.) have now been in use for three years. They have continued to give satisfaction to the general practitioners using the premises as well as to the residents of the estate. The present position is that five general practitioners undertake between them eight sessions per week.

GENERAL HEALTH SERVICES

(b) AMBULANCE SERVICE

1. Administration

There has been no change in the number of control staff during the year. The staff at the Ambulance Depot is as follows:—

- Controller
- Deputy Controller
- 2 Clerical Assistants
- 1 Senior Control Room Officer
- 5 Control Room Officers
- 2 Mechanics
- 1 Vehicle Cleaner
- 1 Cleaner Handyman
- 1 Cook (Part-time).

It has again been a busy year; 6,000 more patients were transported than in 1959, with an increase in mileage of approximately 12,000 miles.

This year has produced the highest number of patients transported since the National Health Service Act came into operation, i.e. 62,868, as against the previously highest recorded figure of 57,769 in 1958.

There is very slight decrease in the number of train journeys, 186 against 197 in 1959. In spite of the difficulties in connection with Diesel drains, long distance cases are sent by train whenever possible and our thanks are due to the British Railways Western Region staff for their continued advice and co-operation in arranging the journeys to the best advantage of the patients.

2. Vehicles

One new sitting-case vehicle was added to the fleet during the year, consequent upon the demands made on the service by the Cowley Road Day Hospital. Two ambulances and two sitting-case vehicles were replaced during the year. The new sitting-case vehicle introduced during the year has been designed specially for use by aged persons attending the Cowley Road Day Hospital who cannot negotiate the steps of a vehicle. This has taken the form of a "hydraulic step" at the rear of the vehicle. The driver operates a push button near the rear door, by which the step is lowered to ground level, the patient shuffles on to the step and is then lifted to the floor level of the vehicle. The step is within the body of the vehicle.

Previous to the introduction of this vehicle it was necessary to have an attendant with the driver to help the patients into the vehicle, but this is no longer necessary.

It has proved extremely useful and many enquiries have been received from other Local Health Authorities.

3. Staff

One additional driver/attendant was appointed during the year for the new vehicle, making a total of thirty male driver/attendants and two female driver/attendants.

4. Ambulance Depot

During the latter part of the year difficulty was being experienced in connection with telephone calls to the Depot. Complaints had been received from doctors that the lines were continually engaged, causing the delay of transport for patients. An investigation was carried out with the help and co-operation of the Post Office Telephones Department. All calls made to the depot receiving the "engaged" signal were monitored over a period of a few weeks. The result was most disturbing and in consequence it was deemed desirable to install two extra lines to follow the existing numbers, so that when one line was engaged the call would automatically be switched to the other line. Unfortunately the two numbers required were already in use by subscribers. They were however approached by Post Office Telephones on behalf of the Health Department and they readily agreed to change their numbers. At the time of writing (February), the two extra lines have been installed, making a total of four consecutive lines, with a further line for administrative purposes. Whether the present control staff can cope with the increased calls during peak periods remains to be seen.

5. Activities

Table 1 gives details of the work undertaken by the Ambulance Service during 1960, whilst Table 2 gives an indication of the increased use of the service since the 5th July, 1948.

6. Emergency Calls

During the year, 2,531 emergency journeys (2,174 in 1959) were undertaken in the City as follows:—

(a) Central (within the area Magdalen Bridge, Folly Bridge, the Station and St. Giles')	..	..	..	..	..	455
(b) North of St. Giles'	..	..	..	..	..	305
(c) South of Folly Bridge	..	..	..	..	..	112
(d) West of Station	..	..	..	..	..	168
(e) East of Magdalen Bridge	..	..	..	..	..	1,491

These figures reveal that 58.9% of the calls were received from east of Magdalen Bridge.

7. General

The service has continued to run smoothly during the year, and no abuse of the provision of transport has been reported.

The provision of emergency oxygen supplies continues to be of great assistance to the local medical practitioners.



SITTING CASE VEHICLE WITH "HYDRAULIC STEP"

TABLE I

1959	AMBULANCES		SITTING-CASE CARS		TOTALS		TRAIN JOURNEYS	
	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed	
January—March	4,640	23,946	9,916	37,515	14,556	61,461	62	
April—June	4,520	27,607	11,103	43,389	15,623	70,996	55	
July—September	4,761	30,132	11,538	46,346	16,299	76,478	36	
October—December	5,033	28,342	11,357	44,276	16,390	72,618	33	
	18,954	110,027	43,914	171,526	62,868	281,553	186	

TABLE 2

Year	Patients	Mileage	Train Journeys
1948 (6 months)	13,783	153,425½	—
1949	29,878	357,058½	—
1950	31,963	322,944½	133
1951	41,549	319,877½	217
1952	44,494	317,268½	230
1953	45,883	297,317	246
1954	47,774	282,380	248
1955	49,238	292,838	229
			(rail strike in June)
1956	52,900	301,497	234
1957	53,955	293,362	202
1958	57,769	275,918	193
1959	56,893	269,923	197
1960	62,868	281,553	186

(c) DISTRICT NURSING

1. The service has, as in previous years, operated from centres in North Oxford, Headington and Cowley. In May, with the opening of the Health Centre at Blackbird Leys, a nurse began to work from there, although the estate is not yet large enough for her to be based fully on the Centre at present. Cases nursed on the estate between May and December totalled 61, involving 544 visits. This represents a little over a quarter of an ordinary case-load for a nurse.

2. Staff

On December 31st, 1960, the position was as follows:—

Superintendent, resident 1

Assistant superintendent, non-resident .. 1

Home nurses:—

Queen's nurses:—

Resident full-time 4

Non-resident full-time 9

State-registered nurses:—

Non-resident full-time 1

} Equivalent to 15
full-time nurses

Nursing orderly:—

Non-resident full-time 1

The equivalent of 15 full-time nurses represents a deficit of 5 nurses below establishment. For some time young women have not been attracted to nursing as a profession in sufficiently large numbers, and this shortage is now affecting recruitment to the more highly trained branches of the service, such as district nursing.

In December with the increased load of work usual in winter, help offered by members of the Red Cross was gratefully accepted. They were of great assistance in giving care to incapacitated persons, releasing trained staff for work with ill people.

3. Cases nursed during the year

The following table shows the source of new patients during the year and includes figures for the three previous years for comparison:—

	1957	1958	1959	1960
General practitioners	2,099	2,032	1,970	1,740
Hospitals	113	101	73	54
Direct application	99	55	78	67
Other sources	9	4	6	4
Totals	2,320	2,192	2,127	1,865

The number of cases nursed and visits paid in different categories and ages is shown in the accompanying table.

Classification of patients nursed during the year

	Number of cases attended during year			Total cases	Number of visits paid during year			Total visits
	Under 5 at 1st visit	Over 65 at 1st visit	All other ages at 1st visit		Under 5 at 1st visit	Over 65 at 1st visit	All other ages at 1st visit	
Medical	56	932	841	1,829	431	24,940	11,328	36,699
Surgical	13	105	168	286	477	4,650	2,865	7,992
Infectious diseases	1	—	8	9	11	12	47	70
Tuberculosis ..	—	3	60	63	—	215	4,105	4,320
Maternal complications	—	—	6	6	—	—	56	56
	70	1,040	1,083	2,193	919	29,817	18,401	49,137

Patients (included in the above table) who have received more than 24 visits during the year:—

<i>Patients</i>	<i>Visits</i>
431	30,073

Also included in the above table were 108 visits paid in the late evening, 98 of which were for giving sedatives and 10 for other purposes. During the year 110 patients called at the central and branch homes for a variety of treatments.

Comments on these figures

New cases nursed during the year show a reduction of 262 compared with 1959 and the total visits paid a reduction of 5,716. Thus a trend noticed in the previous three years has been continued.

The detailed table of visits (set out according to the requirements of the annual return to the Ministry) shows the following features:—

(a) Children under 5 years of age continued to provide very little work. Only 919 visits were paid to 70 patients in this category compared with 931 visits and 70 patients in 1959. Apart from specialised procedures, the mother is the best nurse for her own child, and every effort is made to help her to discharge this duty well.

(b) There was an increase in the number of visits paid to tuberculous patients, 4,320 compared with 3,628 in 1959.

(c) Visits to patients over 65 years of age accounted for 29,817 out of a total of 49,137—i.e. 60%, the same percentage as in 1959.

4. Types of treatment given

The following table shows the treatments given during the year compared with previous years. As one patient may receive two or more types of treatment, the total is in excess of visits paid—in 1960 by 2,046. These figures show a reduction for each type of treatment with the exception of streptomycin injections, blanket baths and general nursing care, and the last two of these categories tend to be time-consuming and often involve heavy lifting. In a time of staff shortage they have been undertaken with ready cheerfulness.

	1957	1958	1959	1960
Injections				
(1) Insulin	6,188	6,963	6,956	5,456
(2) Streptomycin	3,500	4,044	4,453	4,534
(3) Penicillin	9,797	8,599	8,447	6,609
(4) Any other injections ..	10,172	8,033	7,346	6,231
Blanket baths	6,225	5,713	5,569	5,926
Enemas	422	433	465	373
Dressings	7,671	8,794	8,708	8,515
Washouts, douches, catheterizations	829	571	606	516
Changing of pessaries	197	204	188	147
General nursing care	13,574	12,160	11,684	11,768
Attendance at minor operations ..	1	—	1	—
Any other treatment	590	447	430	1,208
Totals	59,166	55,961	54,853	51,283

5. Training School

Two courses of training for the Queen's Roll were held during the year. The examination was taken by 10 students, all of whom passed at the first attempt, four of them gaining credits in their practical examination.

The 10 students admitted were classified as follows:—

Staff students (under contract to work for the City for a year after the examination)	..	..	..	..	..	2
Independent	..	..	..	..	..	1
Students sent by other Local Health Authorities*	..	..				7
						—
						10
						==

*Students came from Berkshire, Buckinghamshire, Norfolk and Oxfordshire.

Assistance was given to the Oxford County Nursing Service in running an in-service refresher course for their staff during December.

6. Loan of nursing equipment: co-operation with the British Red Cross Society

The central nurses' home and the two branch homes continued to keep a small stock of nursing equipment to lend to patients.

In addition to their help in time of staff shortage, the British Red Cross Society (Oxfordshire Branch) again gave us their co-operation in providing medical equipment on loan to patients with their accustomed efficiency and promptitude.

In the financial year 1960-61 the City Council paid the Society a grant of £150.

Details of the equipment loaned in the City during 1960 are as follows:—

<i>Article</i>	<i>Total</i>	<i>Article</i>	<i>Total</i>
Air beds	16	Fracture boards	23
Air pillows	7	Hospital beds	2
Air rings	119	Inhaler	1
Bed blocks	24	Mackintosh sheets ..	184
Bed cradles	46	Scales	2
Bed pans	159	Stair chairs.. ..	5
Bed pans—rubber ..	10	Urinals	56
Bed rests	128	Walking aids	2
Bed tables	14	Walking sticks	13
Chair commodes	76	Wheelchairs	141
Commodes	61		
Crutches	18		—
Electric pads	1	Total	1,123
Feeding cups	15		==

(d) HOME HELP SERVICE**1. Cases helped**

(a) Classification of cases helped in the last 5 years.

Cases	1956	1957	1958	1959	1960
Home confinements	52	64	80	91	70
Other maternity cases	41	42	29	35	30
Acute illness	205	223	219	246	215
Chronic sick	85	68	83	86	114
Tuberculosis	16	12	11	8	9
Aged (over 75 years)	161	153	173	187	204
Totals	560	562	595	653	642
Cases refused owing to pressure of work	17	12	7	2	1

These figures show no very great change. There has been a decrease in the number of maternity and home confinement cases helped. At the present time these categories seem to be finding it easier to obtain help from relatives and friends than are the old people, who have needed to make increased use of the service.

(b) Patients receiving continuous help throughout the year during the past 5 years.

1956	189 cases
1957	183 „
1958	200 „
1959	205 „
1960	290 „

The upward trend continues for this category, and the amount of staff hours required by these cases results in a not inconsiderable strain on the service as a whole.

(c) Continuous daily help throughout the year was provided for 5 cases (as compared with 9 in 1957, 8 in 1958 and 7 in 1959).

2. Finance

(a) Classification for payment during the last 3 years has been as follows:—

	1958	1959	1960
Full payment (3/6 per hour)	100	130	158
Assessed for part payment	217	211	199
Free	278	312	285
Total cases helped	595	653	642

At the end of the year 5 cases were receiving help at a rate reduced by Committee ruling (6 in 1959).

(b) Wages were increased from 3/1½ hour to 3/3 hour in March 1960. Travelling allowance remains at 3/6 per week.

Wage increases since 1957 are shown below:—

April	1957	from 2/10½ to 3/- hour
September	1958	From 3/- to 3/1½ hour
March	1960	From 3/1½ to 3/3 hour

(c) *Cost of the Service*

The following table shows the cost during the last 4 financial years:—

	1956-7	1957-8	1958-9	1959-60
Total cost	£16,250	£15,686	£15,950	£16,579
Receipts	£1,638	£1,534	£1,564	£1,833
Net cost	£14,612	£14,152	£14,386	£14,746

3. Staff

The following table shows the Home Help staff employed at the end of each of the last 5 years:—

	1956	1957	1958	1959	1960
Full time—42 hours*	5	6	6	8	6
Part-time—27, 24 and 20 hours* ..	63	47	51	54	48
Part-time†	5	10	10	12	14
Totals	73	63	67	74	68

* guaranteed weekly wage.

† paid for hours actually worked.

The 68 staff employed at the end of the year were equivalent to 30 full-time Home Helps. It has not been found possible to maintain a total of more than 70 Home Helps for any length of time, and this position has not altered greatly since 1956. However, the general trend reflects an increase in work, particularly with long term cases. The result has been that fewer hours can be allocated to each case, and approximately 50% of the Home Helps are covering 2 cases per morning session every day. The change from one household to another inherent in the work calls for adaptability and versatility, and many recruits are put off by this aspect of the work, either at interview or after a relatively short period of service. In addition the Home Help must be possessed of understanding and tolerance and be prepared to work under considerable difficulties at times. Many have families of their own and changing home circumstances may interrupt their service. All these factors contribute to the relatively high annual turnover of staff and it is a tribute to the sense of vocation prevailing amongst Home Helps that more than 50% have served for a considerable length of time, as is shown below:—

<i>Period of Service</i>	<i>Nos.</i>
10—12 years	12
5—10 „	11
4 „	3
3 „	3
2 „	7
1 „	6
Less than 1 year	26

(e) HEALTH EDUCATION

The activities in connection with Health Education by the Health and Welfare Staff of the Department have continued throughout the year. The importance of individual teaching cannot be overestimated and forms much of the every day work of the staff. In addition valuable work has been carried out by giving instruction to groups.

Health Visitors have given mothercraft demonstrations to senior girls at four schools, and in addition talks on dental hygiene were given at a junior school.

On new housing estates where most of the inhabitants are strangers to each other there is a need for a place where friendly social meetings can take place, and most people enjoy these more if they are able to take away from these meetings new ideas. In 1955 Northway Mothers' Club was started on a voluntary basis, with meetings held once a month in Northway Clinic, and a Health Visitor is present at each meeting. The membership at present is 30. In 1959 a Young Wives' Group at Blackbird Leys was started on similar lines, meeting weekly, at first in the premises in Balfour Road, and later, when this was completed, at the Health Centre. This is a smaller group (numbering 15). Both clubs indulge in a variety of activities and Health Education is given a suitably wide interpretation, and has included exercises to music and cooking demonstrations. Films and sound filmstrips with an emphasis on mental health have been shown. The subject has been approached from normal child and adolescent development and lively discussions have followed. A course on the care of sick children is being held. At Northway a talk was given by one of the members on the Care of the Deaf Child, and another spoke on the Care of the Diabetic Child. Both clubs are self-supporting. Apart from the educational activities, it is felt that these clubs make a positive contribution to the social health of the residents by fostering a sense of neighbourliness and community. Friendly visiting follows naturally from the clubs' meetings, and the old people of the district have been taken out and helped in other ways as part of the club's activities.

Visits have been arranged to show individuals and groups something of the Health Services in the City, and these visitors have included a group of school leavers and students from India, Sudan and Norway.

Mothercraft classes have continued to be popular. Health visitors

and midwives co-operate in the teaching. In order to keep the informal atmosphere it is essential that the numbers attending at any one time should not be too large, a maximum of 12 probably being desirable. In addition to expectant mothers, 2 prospective adopters, 1 foster mother and 1 expectant father have attended. Mothers commence attendance when convenient and no attempt has been made to limit entry to the start of set courses.

					<i>Registered</i>	<i>Attendances</i>
Donnington	..	..	..	..	50	266
Bury Knowle	..	..	..	..	36	203
60 St. Aldates	..	..	..	..	24	158

The work of Public Health Inspectors in the Health Education field is given in more detail in the report of the Chief Public Health Inspector. Groups addressed have included Townswomen's Guilds, Licensed Victuallers and Co-operative Apprentices.

For Health Education to be successful a prerequisite is that the recipients should have an interest in the subject under discussion and feel that it has some immediate connection with their daily lives. The health of her family is one of a mother's chief interests and she is therefore receptive of teaching with bearing upon this. Persons working in, or training for, catering and food handling are interested in food hygiene and allied subjects. Those living in smoke control areas, or areas likely to become controlled, are interested in smoke abatement. Difficulty however arises where it is desired to give health education to groups where the benefit to be gained is still distant in time. For instance, there is no evidence that any of the measures which have been tried out in different parts of the country to prevent school children and young persons from smoking have had any effect. A young person may cease to smoke because he believes it affects his athletic prowess but not because he is rendered more liable to lung cancer in later years. This remote benefit is completely displaced by the popular image of the mature, or distinguished, or companionable smoker with whom the young person wishes to make identification. Much thought is being given to some way of increasing the receptivity of this group.

(f) CONVALESCENCE

During 1960 recuperative holidays were arranged for 27 patients. Of these 5 were children under the age of five. No requests were made in respect of patients recovering from tuberculosis.

Sources of recommendation were as follows:—

General Practitioners	20
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Hospitals	7
-----------	----	----	----	----	---

Applicants were assessed for payment according to income and contributions were as follows:—

Patients making payment in full	3
---------------------------------	----	----	---

Expenses paid by Education Department	..	1
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Patients making part payment	5
------------------------------	----	----	---

Patients making no payment	18
----------------------------	----	----	----

Travelling expenses for 13 patients were paid by the Council.

The total cost to the Council was £170 17s. 10d.

Patients were received at the following homes:—

	<i>Men</i>	<i>Women</i>	<i>Children</i>
Bell Memorial Home, Lancing-on-Sea	—	9	1
Lennox House, Southsea	—	3	3
St. John's Convalescent Home, Weston Favell	4	4	—
Surrey Convalescent Home, Seaford	1	—	—
	—	—	—
	5	16	4
	<u> </u>	<u> </u>	<u> </u>

In addition 2 children were received into a private home under the scheme organised by the W.V.S.

(g) NURSING HOMES

REPORT BY DR. J. H. M. TILLEY
ASSISTANT MEDICAL OFFICER OF HEALTH

In 1960 three applications for extension of registration were granted, one to St. John's Home and two to St. Luke's Home. The registration of the Castle Nursing Home was terminated by the owner-superintendent who wished to retire on account of age. At 31st December, 1960, the homes on the register were:—

	Beds available
Acland Nursing Home	44
Restholme, 230 Woodstock Road	7
St. John's Home, St. Mary's Road ..	65
St. Luke's Home, Linton Road	33

A total of 18 inspections and 12 other visits were made by members of the staff to these registered premises.

Two emergencies entailed several visits:

In May a specimen of pus taken during an ear, nose, and throat operation at the Acland Nursing Home was found to contain corynebacterium ulcerans, which can cause a diphtheria-like illness. Nose and throat swabs from 18 nursing and domestic staff contacts were all negative; testing of 12 of these showed 4 were Schick positive, i.e. without any protection against diphtheria.

In November we were shocked by the sudden death of Miss Watson, whose application for the registration of Restholme was granted in 1949. However, the 7 aged residents have been retained whilst the Home is under trusteeship pending sale as a nursing home. We are glad to record that an immediate offer of hospital accommodation for these patients, if necessary, was made by Dr. L. Z. Cosin.

Oxford Nursing Homes have staffing difficulties similar to those in many hospitals. Chronic or recurrent shortages calling for a reduction in the registered accommodation have not occurred. However, sudden, short-lived deficiencies can put a heavy strain on the resident nursing staff, especially if these also have administrative duties; in such instances a remedy is difficult.

Fire precautions are extremely important in homes where the patients are elderly and infirm. During the year two homes agreed to seek the advice of the Fire Prevention Officer's Department. As a result the Council served notice on one of these requiring the owner to provide necessary means of escape from fire, an earlier fire escape having become delapidated.

(h) DOMICILIARY OCCUPATIONAL THERAPY

Miss E. Targett, Head Occupational Therapist reports:—

The Occupational Therapy Service was commenced in 1951. The first appointment was of one full-time therapist, soon to be helped by one part-time assistant. The establishment was increased in 1955 to include one full-time assistant and again in 1959 to include a second full-time assistant. The service was first centred at the Laurels Old People's Home but, in 1960, it was moved to the recently opened Sheltered Workshop in Woodstock Road.

The facilities which the service provides for the aged are of great value, and throughout the year weekly visits have been paid to the Laurels, Townsend House and Shotover View. The average age of the patients seen at these three homes is over 80 and the benefits that they have gained are consequently largely psychological, although some physically handicapped persons have also been dealt with.

The types of work which have been found most beneficial for the aged are:—Tapestry wool embroidery, large cross-stitch embroidery, soft toys, plain knitting (e.g. bath mats with nylon strands, pram covers, edged with blanket ribbon, scarves, bedjackets, etc.), simple basketry, stool seating.

During the year requests have been received from general practitioners and hospital consultants for the assessment of patients' abilities and problems and for the provision of various types of mechanical aids and gadgets to help them over their difficulties.

Besides patients seen at the Old People's Homes, 120 patients have received regular visits in their homes throughout the year. The patients seen fall into the following age groups:—

A. Patients seen in their own homes:

Age	
20—29 years	10%
30—49 „	45%
50—70 „	45%

B. Patients seen at Old People's Homes:

Age	
70—95 years	

Deaths during year 10.

Disabilities treated

Respiratory diseases	A Tuberculosis	..	..	..	..	24
	B other	..	..	..	..	15
Hemiplegia and paraplegia		..	..	..	..	10
Heart disease	..	..	..	..	..	10
Amputees	..	..	..	..	..	5
Congenital Deformity	..	..	..	..	..	4
Osteomyelitis	..	..	..	..	..	4
Rheumatoid Arthritis	..	..	..	..	..	10
Disseminated Sclerosis	..	..	..	..	..	3
Others	..	..	..	..	..	16



PHYSICALLY DISABLED PATIENTS AT AN OCCUPATIONAL THERAPY CLASS

Domiciliary patients have been referred by general practitioners, consultants, physio-therapists, almoners, health visitors and district nurses. 20 different aids and gadgets ranging from elastic shoe laces to a complicated neck rest fastened to back of chair for a rheumatoid arthritic patient to manipulate easily by herself were supplied by the therapists on request during the year.

The types of work carried out have, of course, varied with the disability of the patient.

Examples:—

1. Man aged 45 suffering from Parkinsonism.

A foot loom was set up for above patient so that both arms and legs were exercised. Extension, abduction, and adduction movements of the shoulder were required to pull down the beater of the loom and the pedals were manipulated by means of knee and ankle movements. These purposeful movements helped this patient to control his considerable tremors and at the same time he was weaving a practical article for his home.

2. Boy aged 11 who had had a Compound Fracture of the left humerus.

This patient had a psychological reaction after the fracture healed and refused to use his left hand and arm.

Simple basketry was given so that the left hand muscles had to be used. There was very slow progress and the patient tried very hard to use right hand the whole time.

Treatment lasted six months and the boy improved very slowly until ready to return to school. At the end of this time the boy was using his left hand and arm in quite a normal way. In fact he was now rather unwilling to relinquish his Occupational Therapy for the sterner discipline of school.

3. Woman aged 33 suffering from Schizophrenia.

This patient was resident in hospital for one year. A prefrontal leucotomy was performed and the patient discharged. As she had received some Occupational Therapy in hospital it was decided to continue at home by giving her fine embroidery, since she was very neat with her hands. Her mental state was revealed in the finished work. A very high standard was shown at times and then suddenly the finished article showed a complete lack of the elementary rules of embroidery. However, there has been great improvement over the year although periodically this lapse of insight and co-ordination is still apparent. A visit from the Occupational Therapist regularly has psychological value for both the patient and parents who so often get overtired and perplexed with having the continual care of such a case.

About 50% of the domiciliary work is with long-term chronically disabled patients. They need continual supervision and their disabilities are such that they can never be absorbed in industrial work even under

sheltered conditions such as exist in the local authority's own sheltered workshop.

Last year the usual competition for patients from City, County and Osler Hospital was not held. Instead, it was decided that the patients would benefit by seeing some of the training and work undertaken by students of Occupational Therapy. Therefore, on a day in October over 100 patients were transported to Dorset House School of Occupational Therapy by kind permission of the Principal, Miss E. M. Macdonald. The patients who were unable to walk were provided with a fleet of chairs manned by students and all were conducted on a tour of the School. The tour included an exhibition of self-help devices and arts and crafts. The patients also saw the students at work.

Tea was served to everyone in the Churchill Hospital Canteen and Dr. F. Ridehalgh kindly took the chair at a short meeting after tea had been served. An entertainment by the students of Dorset House School was given just before the patients returned home. Altogether the afternoon was considered a great success and the patients were most interested in the whole proceeding.

The weekly conference under Dr. Ridehalgh at the Chest Clinic continues to be most valuable. A full picture of the patient and his background is essential and this is achieved at this conference each week.

It has been an interesting year and it is clear that, with another Old People's Home opening and more Doctors and Specialists becoming aware of the Service, further expansion may need to be considered.

(i) CHIROPODY SERVICE

On 1st April, 1960, the City Council, through the Welfare Services Section of the Health Department undertook responsibility for the existing Chiropody Service, based on Old People's Clubs, as part of the Council's arrangements for the prevention of illness under Section 28 (1) of the National Health Service Act, 1946.

In accordance with Ministry of Health recommendations this Service is primarily for elderly or physically handicapped persons. Here constant treatment is often necessary to prevent pain and keep the patient on his feet. Younger and fitter persons will usually benefit most from orthopaedic treatment arranged by their family doctor.

On 1st October, 1960, the City Council, as local Health Authority, was therefore responsible for the following:—

1. Financial contribution to the Oxford Council of Social Service for sessions held at eight Old People's Clubs within the City boundary. These sessions are open to non-members.
2. Care of residents of all the City Council's Homes for Old People
3. Treatment of other persons in need at a clinic held weekly at Marston Court Old People's Home. Usually these are elderly folk for whom ambulance transport must be provided.
4. Exceptionally, treatment in the patient's own home.
5. Arrangements for re-classification: for example, a member of an Old Persons' Club may require domiciliary treatment as a result of illness, or a house-bound patient may be able to attend a Club after a course of treatment.

For the period 1st October to 31st December, 1960, the records show:—

- A. At 7 Old People's Clubs (one Club lacking a chiropodist) 187 persons received 238 treatments at 45 sessions.
- B. At 6 Old People's Homes, with accommodation for approximately 300 residents, 339 treatments were given in 48 sessions.
- C. At Marston Court Clinic 46 persons received 73 treatments at 13 sessions.
- D. Nineteen domiciliary treatments were given.

Thanks are due to the busy chiropodists who have given time at the Old People's Clubs; to the chiropody organizers at these Clubs, whose voluntary work and long experience has been invaluable; and to Miss Singleton, M.Ch.S., for her faithful service at the Old People's Homes and the new clinic at Marston Court.

(j) THE OXFORD AID IN SICKNESS CHARITIES: INCLUDING THE DOMICILIARY PHYSIOTHERAPY SERVICE

The aim of the Welfare State is to satisfy certain needs of the community formerly left to individual foresight or to the charity of its more favoured members.

Thus the Oxford District Nurses Charity, founded in 1879 for the nursing of the sick poor in their own homes, ceased to have any financial responsibility for District Nursing with the implementation of the National Health Service Act 1946, and since July 1955 ceased to administer this service for the City Council.

The Trustees of the Charity therefore applied to the Charity Commissioners for permission to modify the original purposes of the Charity to meet these changed circumstances; and in 1959 the Charity Commissioners brought into one scheme the District Nurses Charity and two other Charities then dormant, namely the Lying-in Charity and the Oxford Medical Dispensary.

The new Oxford Aid in Sickness Charities provides that funds may be used generally for the benefit of the sick poor in the City of Oxford, in particular by the provision of a domiciliary physiotherapy service and by grants for those who are in need of rest or a change of air or domestic help after illness, and to married women about the time of a confinement.

The Health Department has from the outset been most interested in the work of this charity, the Medical Officer of Health being an *ex-officio* member of the Committee. For this reason it seems appropriate to include a reference to the work of the Committee in this Report.

The Oxford Domiciliary Physiotherapy Service, which started in 1947 as a voluntary service under the District Nurses Charity, continues to satisfy a need not covered by the National Health Service.

A staff of one full-time and one part-time physiotherapist have transport to enable them to provide home treatment for patients living in the City who for reasons of age and health are unable to visit a hospital for treatment, and cannot afford to pay the fees of a private physiotherapist. There is close professional liaison between the physiotherapist and the Department of Physical Medicine, United Oxford Hospitals.

In order to secure the best use of this Service, the voluntary committee of the Oxford Aid in Sickness Charity appointed a Medical Sub-Committee, consisting of a general practitioner, a specialist in Physical Medicine, and the Medical Officer of Health. The sub-committee has recently advised that, domiciliary physiotherapy should be used (in the future) more to secure the speedy and complete relief of discomfort and disability arising either from acute chest conditions, or acute fibrositis, a procedure which may be of particular value in getting the family wage-earner quickly back to work. Also, the elderly person nursed at home after a "stroke" can often be spared crippling deformities if given early physiotherapy treatment.

More chronic conditions can sometimes benefit, but to avoid overloading the service general practitioners are requested to obtain a consultant's opinion if treatment is prolonged for more than three months.

Patients should be introduced by their family doctor, and are invited to make a payment towards the cost of each visit, where their means allow.

Last year, 2,146 treatments (402 without charge) were given to 115 patients.

With regard to the Lying-in Charity, the small annual income from this fund is still available for its original purpose. In order that help may be speedy, the Trustees have empowered the Medical Officer of Health to authorise grants to any deserving mother, whose circumstances are causing concern to any of the City Midwives. No grant was made during this year.

SECTION IV

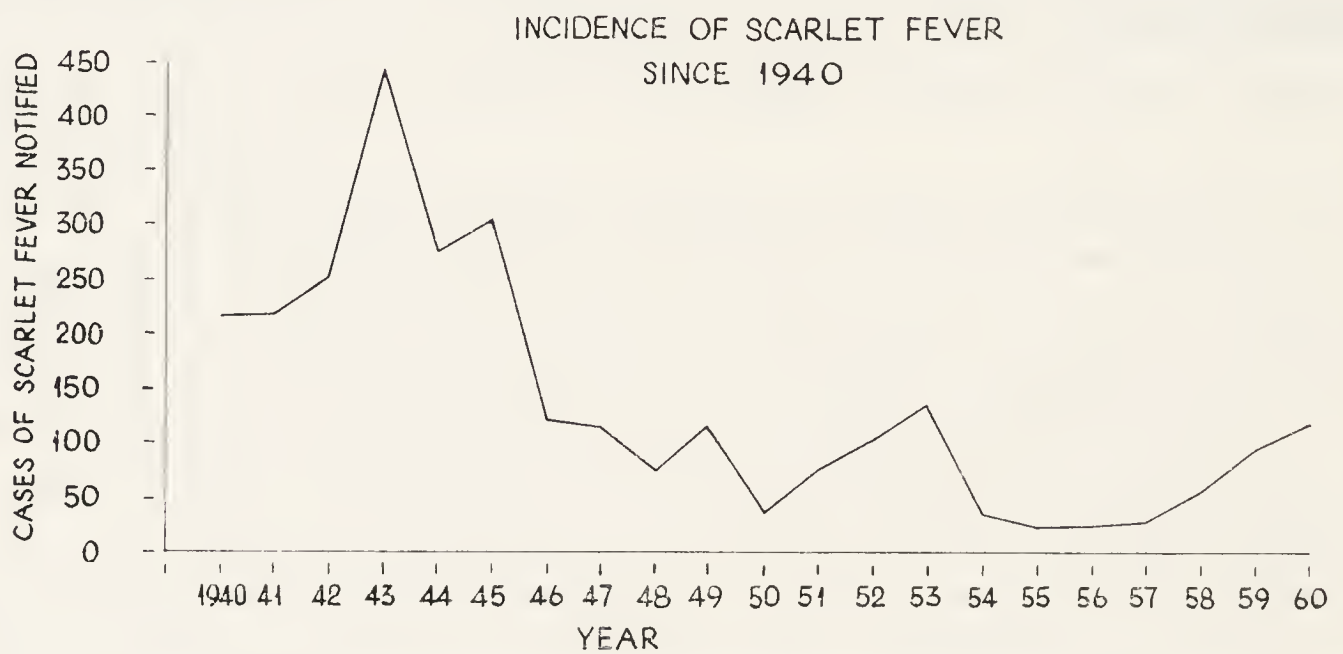
INFECTIOUS DISEASES

Report by G. F. WILLSON, M.D., D.P.H.,
Deputy Medical Officer of Health

(a) EPIDEMIOLOGY

Scarlet Fever

118 cases were notified during the year, thus continuing the upward trend commented on in last year's report. Of these cases, 100 were concentrated in the first half of the year and only 18 were notified from July to December.



The above graph shows the changing incidence of scarlet fever during the past 20 years. It is seen that a remarkably low level of incidence was reached in the years 1954 to 1957. There has, in fact, been no substantial outbreak of scarlet fever since the war years and this in spite of the fact that for the past 13 years there has been no routine school exclusion of contacts, and cases have been allowed to return when clinically fit without waiting for bacteriological clearance.

As is well known, scarlet fever is a disease which, in the past, has waxed and waned both in incidence and severity. The recent slight rise in incidence must, therefore, be viewed with some suspicion, the more so, perhaps, since the Oxford paediatricians have reported a recent local increase in acute rheumatism. On the other hand there does not appear to have been any corresponding increase in acute nephritis, a condition particularly linked with Type 12 haemolytic streptococci. Outbreaks of haemolytic streptococcal throat infection were reported from some of the City's independent boarding schools during the year.

Diphtheria

For the eleventh successive year no case of diphtheria occurred.

Typhoid and Paratyphoid Fevers

No case of typhoid fever was notified during the year, but single

cases of infection with *Salmonella paratyphi B* were discovered in January and April respectively.

The first case was a woman admitted to the Radcliffe Infirmary with pelvic peritonitis. She gave a two weeks history of having had diarrhoea and was found to be excreting the organism. The second case concerned a man who developed diarrhoea three days after having a gastric operation at the Radcliffe Infirmary. It seems probable that this infection was picked up from a man in the same ward who was known to be a chronic carrier of similar phage type and had been admitted for cholecystectomy.

Poliomyelitis

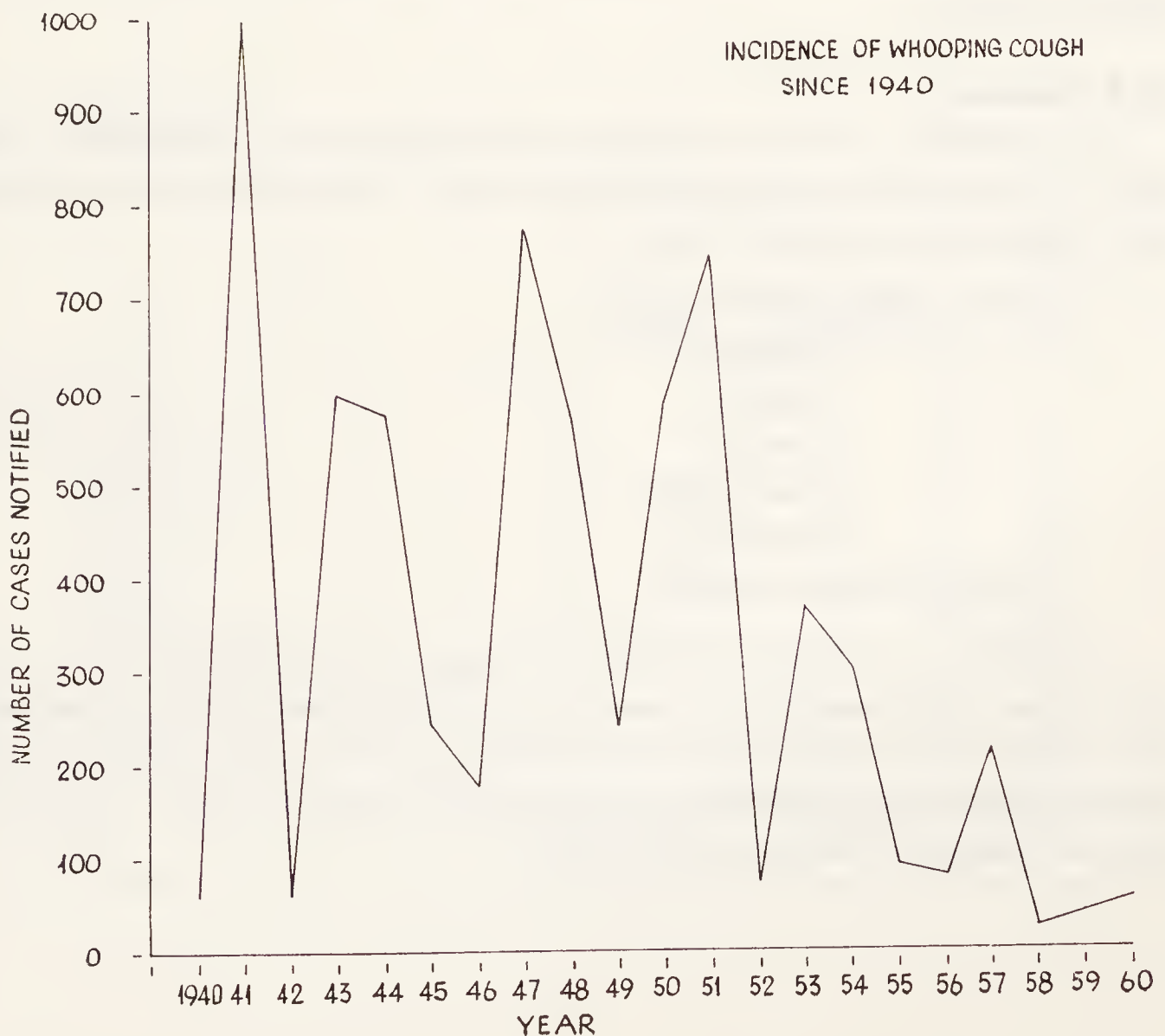
For the second successive year no case of poliomyelitis was notified.

Measles

409 cases were notified during the year. The first signs that an epidemic was commencing came in November which yielded 23 cases. The following month 376 cases occurred and the epidemic has continued until the time of writing. (There have been 1,458 notifications from January 1st to March 31st, 1961). Measles was a contributory cause of death in an infant suffering from staphylococcal septicaemia.

Whooping Cough

55 cases were notified, all except 7 occurring in the second half of the year. This compares with 40, 23 and 213 cases occurring in 1959, 1958 and 1957 respectively.



Bacillary Dysentery

125 cases of dysentery were notified during the year, 5 of which were due to infection with *Shigella flexneri* and the remainder to *Shigella sonnei*. Cases of the latter occurred in every month of the year but were most numerous in the periods March to May and again in December. The proportion of adults affected was unusually high, only 29 school children being notified. The latter were contained in four different nursery schools and eleven other schools, but there appeared to be little tendency for the disease to spread within the schools although there was no routine exclusion of contacts and cases were controlled on clinical rather than bacteriological grounds. In the period March to April, 6 patients at the Churchill Hospital were found to be infected with *Shigella sonnei*, 5 of them being young children. Investigation failed to reveal any cases amongst the hospital staff. The only other noteworthy concentration of cases occurred at Botley Road Day Nursery when, in April, 9 children and 2 staff were found to be excreting the organism.

In March, a girl who had been lodging at the Mother and Baby Hostel for about three weeks, was found to be suffering from Flexner dysentery. Investigations carried out at the Hostel showed that 3 other persons were excreting *Shigella flexneri* although only one admitted to having had symptoms. Typing showed the organism to be Type X, a type which had recently been prevalent at Littlemore Hospital.

During the same month, an Indian restaurant worker, who has been in this country about three months, developed diarrhoea found to be due to *Shigella flexneri* Type Newcastle. His contacts were investigated with negative results.

Food Poisoning

The number of food poisoning notifications was 23 compared with 26, 72, 21 and 154 in the previous four years. The following organisms were isolated from notified cases:—

Salmonella typhi-murium	..	..	..	14
„ heidelberg	..	..	..	4
„ reading	..	..	..	1
„ newport	..	..	..	1
„ brandenburg	..	..	..	1
„ newcastle	..	..	..	1
Staphylococcus aureus	..	..	..	1

In addition, 4 symptomless home contacts were found to be excreting *Salmonella typhi-murium* and one was excreting *Salmonella heidelberg*. The notified cases were spread over 19 different households and it was not found possible to demonstrate any connection between them. In no case was the source of infection discovered.

Annual Return of Food Poisoning

The following information is compiled on a prescribed form at the request of the Ministry of Health:

1. Number of food poisoning notifications received	23
Number of cases otherwise ascertained	—
Number of symptomless excretors	4
Fatal cases	Nil

2. Particulars of outbreaks

AGENT	No. of Outbreaks		No. of cases		Total No. of cases
	Family outbreaks	Other outbreaks	Notified	Otherwise ascertained	
Agent identified:					
(a) Chemical poisons	—	—	—	—	—
(b) Salmonella					
Heidelberg ..	1	—	2	—	2
Typhi-murium	1	—	4	—	4
(c) Staphylococci (including toxin)	—	—	—	—	—
(d) Cl. botulinum ..	—	—	—	—	—
(e) Cl. welchii ..	—	—	—	—	—
(f) Other bacteria..	—	—	—	—	—
Totals ..	2	—	6	—	6

3. Single cases

Agent					No. of cases		Total No. of cases
					Notified	Otherwise ascertained	
Agent identified:							
(a) Chemical poisons .. .. .	..	..	..		—	—	—
(b) Salmonella							
Brandenburg	..	..	..		1	—	1
Heidelberg	..	..	..		2	—	2
Newcastle	..	..	..		1	—	1
Newport	..	..	..		1	—	1
Reading ..	..	..	..		1	—	1
Typhi-murium	..	..	..		10	—	10
(c) Staphylococci (including toxin)	..				1	—	1
(d) Cl. botulinum	..	..	..		—	—	—
(e) Cl. welchii ..	..	..	..		—	—	—
(f) Other bacteria	..	..	..		—	—	—
Totals ..	..	..	..	..	17	—	17

CASES OF INFECTIOUS DISEASES NOTIFIED FROM HOSPITALS

	Radcliffe Infirmary	Churchill Hospital	Slade Hospital	Cowley Road Hospital	Oxford Eye Hospital
Erysipelas	—	—	3	—	—
Puerperal pyrexia ..	27	16	—	—	—
Ophthalmia neonatorum	9	8	—	—	1
Whooping Cough ..	—	—	2	—	—
Pneumonia	—	—	—	2	—
Meningococcal infection	—	—	2	—	—
Paratyphoid	1	—	1	—	—
Bacillary dysentery	1	5	21	1	—
Food poisoning ..	—	—	7	—	—
	38	29	36	3	1

AGE AND WARD OF ALL NOTIFIED INFECTIOUS DISEASES IN 1960

NOTIFIABLE DISEASES	CASES NOTIFIED IN WHOLE DISTRICT AGES IN YEARS													TOTAL NUMBER OF CASES IN EACH WARD						
	At all ages	Under 1 yr.	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-	S'town & W'lver cote	North	West	South	East	Head- ington & M'ston	Cowley & Iffley
Scarlet Fever ..	118	—	—	10	11	9	47	32	5	1	3	—	—	12	6	9	1	11	41	38
Erysipelas ..	13	—	—	—	—	—	1	—	—	1	2	7	2	—	—	2	2	3	2	4
Puerperal Pyrexia ..	47	—	—	—	—	—	—	—	6	37	4	—	—	—	27	1	—	1	16	2
Ophthalmia neonatorum	18	18	—	—	—	—	—	—	—	—	—	—	—	—	10	—	—	—	8	—
Pemphigus neonatorum	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Measles ..	409	6	23	34	46	64	223	12	1	—	—	—	—	14	25	5	21	85	26	233
Whooping Cough ..	55	4	7	7	5	11	16	5	—	—	—	9	9	1	2	5	7	6	12	22
Pneumonia ..	22	—	—	—	—	1	2	—	—	1	—	—	—	—	3	6	3	3	1	6
Meningococcal infection	2	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	—
Paratyphoid ..	2	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	—	—	—	1
Bacillary Dysentery ..	125	—	8	14	10	5	21	4	6	43	5	6	3	16	6	12	17	8	37	29
Food Poisoning ..	23	1	1	1	1	—	1	1	2	8	—	4	3	8	5	4	—	2	2	2
	836	31	40	66	73	90	311	54	20	93	14	26	18	51	84	45	51	121	146	338

THE SLADE HOSPITAL Infectious Diseases Department

The arrangement by which the Medical Officer of Health, with the assistance of his Deputy, is responsible to the Board of Governors of the United Oxford Hospitals for the clinical control of the infectious diseases patients at the Slade Hospital has continued to be of the greatest value to all concerned.

Dr. A. G. Ironside, M.B., Ch.B., continued as Resident throughout the year, and the following report prepared by him is included by reason of the fact that the infectious diseases patients at the Slade Hospital are so very closely connected with the epidemiological work of the Health Department:—

“There were 469 admissions to the 36 infectious disease beds of the Slade Hospital during the year 1960. Admissions during the last seven years have varied between 400 and 500, so that the year has been an average one. The admission rates are remarkably consistent, in spite of the wide fluctuations of individual diseases.

There was one notable outbreak of disease during the year. After an absence of more than ten years, 2 cases and 8 carriers of diphtheria were admitted, all from an outbreak in the High Wycombe district. The organism was of the gravis variety, formerly associated with the most severe type of diphtheria. The 2 cases, one of whom was mild, recovered without complications and the carriers were all successfully cleared up with Erythromycin. It is important to remember that this potentially killing disease is still smouldering throughout the country and only the vaccination programme keeps it in check.

The commonest type of admission still remains infections of the gastro-intestinal tract. This group of illness is characterised mainly by diarrhoea and vomiting. These symptoms, if prolonged, can soon lead to the patient becoming very ill and helpless, and require constant and devoted nursing care, with considerable skill in managing the problems of fluid balance which are always arising. From the medical point of view they form an interesting group of diseases embracing many different diagnoses, presenting with more or less the same symptoms. The group can be further sub-divided:—

	<i>No. of cases</i>
Dysentery	34
Non-specific gastro-enteritis of adults and children	32
Non-specific gastro-enteritis of infants	22
Salmonellosis	12
Post-operative enteritis (staph. aureus) ..	9
Enteric fever	5
Miscellaneous	26

Dysentery (34 cases) is becoming more common, but fortunately is not often severe. It is, however, highly infectious and if a case occurs in

an institution, such as a Children's Home or hospital ward, it is unusual if secondary cases do not occur. 29 of the cases were of Sonne dysentery and 5 of Flexner type. 3 of the cases were in children chronically ill from other causes, and one other was found to be severely anaemic.

The cases of Flexner dysentery all came from a Mother and Baby Hostel where there was a localised epidemic. One of these patients was delivered in the Hospital, but unfortunately the baby had a congenital abnormality and died.

Non-specific gastro-enteritis of adults and children (32 cases) is a descriptive term for patients presenting with acute diarrhoea and vomiting with usually fever, from whom no specific pathogenic organism can be isolated and in whom no other organic disease is found. 3 of the cases occurred in diabetics and one of these, an elderly lady, died. 2 other cases occurred in the puerperium and one during pregnancy. 2 cases became very dehydrated with a continual loss of fluid and one of these, an elderly man, died of dehydration and uraemia.

Gastro-enteritis of infancy (22 cases) is again a descriptive term for a group of symptoms arising from several different causes; it is still one of the most important causes of severe disease in infancy. 3 of the cases were found to be associated with an agglutinable E Coli of type 026. Two of these infants were very anaemic and in these the disease was severe and complicated by broncho-pneumonia.

Of the other 19 cases there was a marked iron deficiency anaemia in 3. This tends to bear out the old observation that anaemia in infants predisposes to infection. The most severe complication of gastro-enteritis is dehydration, which presents a very striking clinical picture of a pale restless infant with sunken eyes and a dry mouth.

It has been the practice here in recent years to attempt oral feeding of these dehydrated infants, including those in whom vomiting has been troublesome before admission. The routine has been to give 2 oz. of a weak saline solution at very frequent intervals, perhaps every 15 minutes for the first two or three hours and after this every hour. This practice was continued, and in 7 of the 8 cases of severe dehydration this was rapidly relieved and vomiting was not encountered. In the eighth case the baby was unconscious on admission and could not be fed, so that intravenous fluids were required for a short time. From the experience of this and previous years, it seems that this method of oral feeding, with frequent very small amounts of saline fluids, is the treatment of choice in established dehydration. It has not caused vomiting and relieves the dehydration rapidly and safely, and avoids largely the use of intravenous drips in infants, with the twin dangers of introducing infection into the bloodstream and causing widespread clotting in veins.

Of the 12 salmonellosis cases, 10 were due to typhi murium. This illness is usually not serious in healthy adults, but can be serious in the elderly and very young. Three cases occurred in the course of other

chronic disease. One middle-aged woman had an extremely serious attack, following a prolonged period of vomiting and diarrhoea, during which time she found it impossible to drink. She became very dehydrated and was admitted in a severe degree of shock, being very collapsed and ill with icy cold arms and legs, and no pulse. This had caused acute renal failure and for several anxious days she passed no urine. Eventually, after a great deal of intensive treatment, she made a slow but complete recovery.

Post-operative enteritis (9 cases) is usually associated with staphylococcal infection. The main precipitating factors appear to be a combination of surgical treatment, old age and the use of antibiotics. Although the disease can be very severe at times, all 9 cases recovered.

The 5 enteric fever cases were all due to paratyphoid B infection. Two children and one adult showed the typical clinical features of enteric fever, one child having a relapse after 4 weeks. All 3 responded well to Chloromycetin, but all were left carrying the organism in the faeces and had become convalescent carriers. The other 2 were convalescent carriers on admission and one of these cleared up spontaneously. A five day course of a combination of Terramycin and Altafur was given to the remaining 4 convalescent carriers and all cleared.

A wide variety of both medical and surgical gastro-intestinal disease was included in the miscellaneous group. Among the medical cases diagnosed there were 4 cases of acute food poisoning, 3 of acute ulcerative colitis, 2 of winter vomiting disease, and one each of diverticulitis, Crohn's disease (died), haematemesis and melaena, and hyperemesis of pregnancy. Among the surgical conditions diagnosed were 4 cases of appendicitis, 3 of which were gangrenous at operation soon after, and one case each of cancer of the colon, infantile intussusception, and infantile pyloric stenosis. The surgical cases were all transferred immediately to the Radcliffe Infirmary, where all recovered after surgical treatment.

Respiratory infections accounted for 36 admissions, 10 of these being cases of classical lobar pneumonia. There were 14 cases of bronchopneumonia, 8 of whom occurred in infancy. There were also 7 cases of acute bronchitis and 5 of asthma. There were 8 cases of upper respiratory infection admitted, 3 of these were complicated by febrile convulsions and one by dehydration. These were all young children and all recovered. There was one death in an infant of 10 weeks in this group. The infant had developed a severe staphylococcal pneumonia, secondary to skin sepsis. He failed to respond to intensive treatment with cortisone, oxygen and antibiotics, the antibiotics including Celbenin the new form of penicillin active against resistant staphylococci. Some of the others were gravely ill, but all recovered completely.

Glandular fever accounted for 34 admissions of which 14 were of the severe anginose type. Such cases have by far the most severe and persistent sore throats seen nowadays. Many of the patients were under-

graduates. One young adult went into a state of severe peripheral circulatory failure and shock with absent pulses and blood pressure. He recovered with intravenous plasma and cortisone, but clearly he had almost died from this usually benign disease.

Mumps caused 29 admissions, with a high rate of complications including 5 cases of orchitis, 5 cases of virus meningitis and one case of convulsions. One case occurred in the puerperium, and one pregnant lady delivered her baby safely during her mumps. All cases recovered completely.

Chickenpox caused 18 admissions and herpes zoster 8 admissions. One child with chickenpox had just developed severe diabetes, and another child had severe encephalitis as a complication. The latter was unconscious for about a week but eventually recovered completely.

Infective hepatitis caused 20 admissions, the largest number so far. Several of the cases were protracted and fairly ill, but all recovered completely. One case was in a pregnant woman.

Staphylococcal infections numbered 22 cases including the 9 post-operative diarrhoea patients already mentioned. Other varieties included cellulitis, wound infections, abscesses, osteomyelitis and septicaemia. One child died from septicaemia. Many of these cases were transferred from other hospitals in the City.

Infections of the nervous system caused 16 admissions, 11 being cases of virus meningitis. There were 3 cases of meningococcal infection, all severe, but all recovered on penicillin treatment. One case of tuberculous meningitis, complicating pulmonary tuberculosis, was admitted. He was transferred to the Osler for treatment. One man with severe diabetes and H. influenzal meningitis died shortly after admission. In addition there were several cases admitted as possible cases of meningitis, in whom a different diagnosis was established. These included 2 cases each of subarachnoid haemorrhage and encephalitis, and one each of hysterical paralysis and prolapsed cervical disc.

The number of whooping cough admissions has been dropping in recent years, but this year there was a slight increase to 14 cases. Of these, 10 were in children over 1 year old and most had been at least partially vaccinated. All these attacks were mild and left no lung damage. The other 4 cases were in children aged 5 months, 4 months, 2½ months and 2 months respectively, and all these had severe clinical attacks, with frequent severe paroxysms accompanied by cyanosis. The history of these young children usually showed vaccinated older children at home who had developed mild almost unrecognised attacks.

12 cases of tonsillitis were admitted, 2 being complicated by quinsy.

There was the beginning of a measles epidemic at the close of the year and 11 cases were admitted. Three of these were complicated by pneumonia, but all recovered. This epidemic will clearly reach its peak in the early months of the following year.

There was only one case of paralytic poliomyelitis admitted during the year. This happy state of affairs must be largely due to the intensive polio. vaccination campaign carried out in the last three years. The patient was a young woman who had recently returned from abroad. The paralysis was mild and she should recover completely. In fact, a Cocksackie virus (a close relative of poliovirus) was isolated from the case, and the illness may well have been due to this.

There were 12 deaths during the year. Two elderly people died from heart disease and one from cancer of the stomach. Diabetes contributed to 2 deaths, one in an elderly lady with gastro-enteritis, and one a middle-aged man with purulent meningitis. One child died from fulminating staphylococcal septicaemia a few hours after becoming ill, and one infant died from staphylococcal pneumonia. Two elderly people died from uraemia, one precipitated by gastro-enteritis. One old woman died from Crohn's disease. One middle-aged woman died from a gas gangrene cellulitis of the abdominal wall. One young woman died tragically from pulmonary tuberculosis. She had refused to see her doctor, although she knew she was ill with rapid weight loss and a severe cough. On admission both lungs were largely destroyed and in spite of intensive treatment she died a few days later. This death could have been so easily avoided if she had come forward sooner.

The policy of admitting babies with sick mothers was continued and 7 were so admitted. Two other babies were born on the wards.

In the case of young children, parents were encouraged to stay as much as possible with the child, and food and beds were supplied whenever required. In many cases young children passed through a severe illness without showing any separation anxiety, as the mother was available most of the day to feed and help settle the child.

Summary of Admissions to the Infectious Diseases Wards at the Slade Hospital during 1960

						<i>Admissions</i>	<i>Deaths</i>
Pneumonia and Bronchitis	..	..	..	..	..	36	—
Dysentery	..	..	..	..	..	34	—
Glandular Fever	..	..	..	..	..	34	—
Gastro-enteritis of Adults and Children	..	..	..	..	..	32	2
Mumps	..	..	..	..	..	29	—
Chickenpox	..	..	..	..	..	26	—
Gastro-enteritis of Infancy	..	..	..	..	..	22	—
Infective Hepatitis	..	..	..	..	..	20	—
Staphylococcal Infections	..	..	..	..	..	19	2
Whooping Cough	..	..	..	..	..	14	—
Tonsillitis and Quinsy	..	..	..	..	..	12	—
Salmonellosis	..	..	..	..	..	12	—
Measles	..	..	..	..	..	11	—

Virus Meningitis	..	..	..	..	..	11	—
Diphtheria	..	..	..	..	..	10	—
Upper Respiratory Tract Infections				..	..	8	—
Urinary Infections		..	..	..	..	8	—
Erysipelas	..	..	..	..	..	5	—
Enteric Fever	..	..	..	..	..	5	—

There were 4 cases of:—

Drug allergies and eruptions, acute food infection, and acute appendicitis.

There were 3 cases of:—

Meningococcal meningitis, scarlet fever, influenza, cellulitis (one died), and ulcerative colitis.

There were 2 cases of:—

Henoch shonlein purpura, salpingitis, winter vomiting disease, P.U.O., otitis media, subarachnoid haemorrhage, ulcerative stomatitis and encephalitis.

There were single cases of:—

Poliomyelitis, pyloric stenosis, tuberculous pleurisy, obstructive jaundice, pleurisy, herpetic vulvo vaginitis, collagen disease, Bell's palsy, dental abscess, Weil's disease, Stevens Johnson syndrome, febrile convulsion, seminoma testes, acute hip, malignant tertian malaria, acute sarcoidosis, carcinoma of colon, pulmonary tuberculosis (died), vomiting of pregnancy, septic arthritis, septic burns, hysterical paralysis, vaccination reaction, haematemesis, prolapsed cervical disc, diabetic coma, meningism, B-coli septicaemia, Crohn's disease (died), intussusception, type 2 nephritis, diverticulitis, colitis (functional), tuberculous meningitis, and H. influenzal meningitis (died).

There were 21 cases of assorted non-infectious disease (4 died), and 10 healthy lodgers."

ADMISSIONS 1951-60

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Chickenpox ..	44	26	37	58	15	25	10	40	25	26
Diphtheria ..	—	—	—	—	—	—	—	—	—	10
Dysentery ..	12	9	7	18	15	26	19	9	14	34
Enteric Fever ..	12	2	1	2	4	8	—	6	4	5
Erysipelas ..	3	2	6	6	8	4	6	3	5	5
Glandular Fever ..	11	13	9	15	29	27	35	38	30	34
Gastro-Enteritis										
(non-specific) ..	16	30	48	55	43	22	33	36	87	54
Infective Hepatitis ..	5	5	7	11	15	6	9	9	8	20
Influenza ..	7	—	6	4	7	1	58	13	14	3
Measles ..	70	18	96	1	66	15	53	19	50	11
Meningococcal Meningitis										
Virus Meningitis ..	2	—	—	—	2	1	3	2	2	3
Pneumonia ..	8	7	7	3	2	14	38	16	3	11
Puerperal Pyrexia ..	8	2	4	10	14	30	21	24	35	26
Mumps ..	7	4	1	—	1	3	2	—	3	—
Poliomyelitis ..	15	30	19	9	9	29	21	6	11	29
Rubella ..	24	13	21	6	38	10	22	14	2	1
Scarlet Fever ..	7	34	35	2	8	20	6	5	1	—
Salmonellosis ..	37	33	34	6	6	7	11	7	7	3
Whooping Cough ..	3	17	6	14	8	11	9	29	10	12
	45	15	50	25	18	20	23	2	5	14

Points of note in the table include the virtual disappearance of poliomyelitis, the continued reduction of scarlet fever and whooping cough. The two year periodicity of measles is well illustrated. Less comforting is the gradual increase in glandular fever, all the gastro-intestinal infections, and virus meningitis.

(c) TUBERCULOSIS

The staff engaged in carrying out the duties of the Local Health Authority with regard to Tuberculosis under Section 28 of the National Health Service Act, 1946, are as follows:—

								<i>Proportion of whole-time</i>
Dr. F. Ridehalgh, Consultant Chest Physician to the								
United Oxford Hospitals	..	..	..	..	..	..	..	3/11ths
Mrs. D. Hicks, Almoner, Chest Clinic	..	..	..	..	..	..	..	3/11ths
Mrs. I. Eagle and Miss G. M. Lawrence, Tuberculosis								
Health Visitors	..	..	..	..	..	..	..	Whole-time
1 Clerk	..	..	..	..	..	..	..	3/11ths

Mass Radiography

During six weeks of June and July, 1960, the mass miniature radiography service of the Oxford Regional Hospital Board (based on Reading) carried out a survey in Oxford, the first since 1957. A total of 33,293 adults was examined and a rough calculation suggests that this would include about 60% of the adult males living in the City. Contrary to the practice in previous surveys, school leavers were not included. The detailed findings of the survey are not yet available.

TABLE A

New Cases and Mortality during 1960

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
0— ...	—	—	—	—	—	—	—	—
1— ...	—	—	—	—	—	—	—	—
2—4 ...	2	1	—	—	—	—	—	—
5—9 ...	—	—	—	—	—	—	—	—
10—14 ...	1	—	—	—	—	—	—	—
15—19 ...	5	—	—	—	—	—	—	—
20—24 ...	7	6	1	2	—	—	—	—
25—34 ...	10	5	5	1	—	1	—	—
35—44 ...	6	1	1	—	2	—	1	—
45—54 ...	11	6	—	—	—	1	—	—
55—64 ...	7	4	—	—	1	—	—	—
65 and over ...	1	2	—	—	—	2	—	1
Totals ...	50	25	7	3	3	4	1	1

TABLE B

Progress of Notification

Year	Pulmonary	Non-Pulmonary	Total
1941	113	42	155
1942	126	58	184
1943	103	46	149
1944	129	29	158
1945	120	34	154
1946	140	32	172
1947	144	27	171
1948	148	25	173
1949	180	18	198
1950	113	11	124
1951	85	4	89
1952	74	10	84
1953	101	18	119
1954	116	15	131
1955	110	22	132
1956	94	11	105
1957	84	8	92
1958	63	7	70
1959	66	11	77
1960	75	10	85

Dr. F. RIDEHALGH reports as follows:

Morbidity

In my report for 1959 I noted that the steady fall in tuberculosis morbidity, which had occurred since 1954, was reversed in 1959 by an increase of seven cases, three respiratory and four non-respiratory. Analysis of the weekly return of notifications for 1960 reveals a total of 85 new cases of tuberculosis during the year. Of these 75 were cases of respiratory tuberculosis. A probable reason for this increase of 8 will appear later in the report. There were two cases of tuberculous meningitis; one fulminating case of meningitis was fatal within a few days of diagnosis. Another occurred in a native of Pakistan who had already been treated for a tuberculous effusion. This relapse was apparently due to failure to take his drugs. One case of pulmonary tuberculosis also had a tuberculous spine.

Three children, all less than five years old, were notified as cases of respiratory tuberculosis. Only one of these showed a definite lung lesion on X-ray: the other two were strongly tuberculin positive and had been very closely exposed to infection from advanced cases.

Of the 75 respiratory cases, 50 occurred in adult men. Of these 12 were aged 16—25 and 19 were aged 45 or over. Of the 24 cases in adult women 6 occurred in the 16—25 age group and 12 were aged 45 or over.

15 of the 85 new cases were found amongst immigrants and all but one of these were cases of respiratory disease. One young woman from Ceylon had arrested glandular tuberculosis. One young Chinese woman student had arrested pulmonary tuberculosis. One female laboratory technician, who came from the Azores two years previously, had early active pulmonary tuberculosis, as had one young Spanish woman. One West Indian woman of 22, who had recently arrived from St. Vincent, had gross bilateral tuberculosis with extensive cavities and a strongly positive sputum. She had apparently refused treatment in her native land. One young Irishman had a pleural effusion.

The remaining 9 cases were found in natives of Pakistan and it is possibly significant that this figure more than covers the rise in respiratory notifications. One woman of 34 arrived by air from Karachi in a state of complete collapse with gross cavitary tuberculosis affecting the greater part of both lungs. She had been given two months' hospital treatment in Pakistan and it is thought that she left hospital against advice. Her five-year old son (one of the children previously mentioned) came with her to join her husband who was subsequently found to have a tuberculous spine. No precautions appear to have been taken to protect other persons on the aircraft. The remaining six respiratory cases in Pakistanis showed less severe but active disease and occurred in men.

Mortality

Fourteen deaths of persons on the tuberculosis register occurred during the year. Three of these were in newly notified cases. As already mentioned, one man of 40 was admitted in a moribund condition to the Radcliffe Infirmary and died within a few days. One married woman of 31, who had previously refused to see a doctor in spite of symptoms of about two years' duration, was admitted to the Infectious Diseases Ward at the Slade Hospital where she was found to have extensive, bilateral, tuberculous pneumonia. She died within 48 hours in spite of the most intensive efforts to save her. One woman of 77 died from chronic pulmonary tuberculosis culminating in tuberculous broncho-pneumonia.

Of the eleven deaths amongst old cases, two were directly due to tuberculosis. One occurred in a man of 36 who came into Oxford from the County area just before his death and who for a long time had persistently refused to co-operate in treatment. One woman of 46 had long-standing chronic disease, with bacillary resistance and probable amyloidosis.

In three other cases, one of which had undergone pneumonectomy, death was due to cardio-respiratory failure, associated with secondary infection together with old but inactive tuberculosis and severe loss of pulmonary function. The remaining six deaths were due to conditions unrelated to tuberculosis.

Routine Radiography

The Mass Radiography Unit examined 33,293 adults in a survey of Oxford and district. Routine annual X-ray examination of University students and staff continues at the Radcliffe Infirmary. New entrants, and employees returning to work after illness are routinely X-rayed at the factories of B.M.C. and Pressed Steel. The G.P. X-ray Unit at Cowley Road Hospital acts as a valuable source of referrals, and the Odelca Units at the Radcliffe and Churchill Hospitals are used for hospital staff and many contacts.

B.C.G. Vaccination

172 contacts were vaccinated, using either fresh Danish vaccine or freeze-dried vaccine which appears to be both effective and convenient.

Compulsory Admission

Section 172 of the Public Health Act of 1936 was invoked for the first time in Oxford. A woman known to have had chronic pulmonary tuberculosis since 1948, and to have been infectious for most of this time, had persistently refused to co-operate in treatment. A period of ten months elapsed between the decision with the M.O.H. to seek a committal order, and its actual granting by the magistrates. The patient failed to appear in court, and absconded before the order could be served. When

she was found a month later to be back in Oxford, a combined operation, organised by the Public Health Department, took place at her home and resulted in her admission to the Osler Hospital. From that moment she became fully co-operative, stayed in hospital for five months, and is still continuing her chemotherapy a year later. She has made a remarkable clinical and radiological recovery and has been consistently culture negative since one month after starting treatment.

General comment

The most important aspect of the year's experience in tuberculosis is the rise in morbidity and the likelihood that this is largely due to tuberculosis amongst immigrants. It is natural that this University city should have a considerable immigrant population, both of undergraduates and postgraduate students. The amount of tuberculosis arising from this source is, however, negligible, the only active case being an early one in a laboratory technician. Moreover, annual X-ray examination is available for the whole University and the acceptance rate is high.

This year's experience in Oxford conforms with the experience of Chest Physicians in other large cities. Tuberculosis in immigrants is far more common amongst Pakistanis and Indians (and especially the former) than amongst any other nationals. What proportion of these people bring their tuberculosis with them is not yet clear and cannot become clear until they are compelled to have a chest X-ray as a condition of employment. Moreover, the problem does not end with diagnosis. In general, these patients accept treatment very readily, so much so that one sometimes wonders why they are so willing to come into hospital. Treatment in hospital is, of course, adequate and easy. The fundamental problem of continuing long-term drug treatment after they leave hospital is quite another matter, especially when one's efforts at instruction and explanation are met with a flashing smile and a vacant look. The language barrier presents a further difficulty in organising the search for contacts which is very necessary because of the crowded living conditions of many immigrants. Our tuberculosis Health Visitors deserve high praise for their persistence and success in this work. Their difficulties are often amusing but are no less real for that. Luckily no Pakistani case in Oxford has yet shown resistance to drugs, although the Azores case showed fairly high resistance to streptomycin, and the St. Vincent case showed fairly high resistance to isoniazid.

Experience is now becoming available from many places which confirms the view of tuberculosis in immigrants just expressed. Whatever the political difficulties it seems remarkable that no official action has been taken to halt the importation of tuberculosis in this way. It is true that we have the beds and the means to treat these cases—when they come to light. It may be that the course of treatment is considered to be a fair price and an inevitable result of this addition to our labour force but no official action is taken to find cases, nothing is done to prevent

them from spreading infection before symptoms compel them to seek medical advice. This step, for economic reasons, they may be unlikely to take until they must. Should bacillary resistance develop to any serious degree in the countries from which we attract immigrants, the consequence here could be very serious.

Taken as a whole, it is clear that this year's figures in Oxford give no grounds for complacency. There are still too many cases, too many advanced cases of long-standing on diagnosis, and too many unknown disseminators of infection.

Mrs. D. HICKS, Almoner, reports:

The past year has shown the familiar pattern of personal and environmental problems presented by the patients referred to the Almoner in the Chest Clinic. Although medically all facing respiratory disease, they bring social problems as diverse as are the personalities involved. Inevitably the economic stresses with which help can so readily be given by the Almoner through the Care Committee are the aspects of an Almoner's work most easily recognised, but anxiety over lack of money does not occur so often in these days of high wages. Other anxieties frequently met are, for example, disturbed relationships in the family or marriage, frustrating unhappiness through loss of job, or employment in the wrong sort of job, or the wear and tear of living in overcrowded housing conditions. With intensive work both through medical and social care a great deal can be achieved, some of these difficulties, of course, predate the illness others are aggravated by it, while yet others are a direct result of illness.

With regard to the financial strain caused by tuberculosis the pattern of help given shows certain changes. Fares for relatives to visit distant hospitals are very rarely necessary as most of our patients are now treated in Oxford. The only need for fares therefore is in connection with holidays. Assistance with a holiday is usually given to long-term patients, who owing to chronic ill health have no chance to pay for a break for their families or themselves, with Care Committee aid.

The amount of money spent on fuel grants for home bound patients is still high, but it does make more tolerable an otherwise bleak winter of inactivity, and great gratitude is expressed as when one solitary patient wrote "it made one feel one was not alone".

Extra nourishment in the form of milk financed by the Health Department is also a great standby to such patients.

When looking through the cases aided by the Care Committee this year it is noticeable that only one-third are newly notified cases and the other two-thirds are patients who have had to struggle against the limitations left by extensive pulmonary tuberculosis through many years.

In the new cases it is still important to help patients to buffer the drop from ample wages to statutory allowances, especially as most of the new cases among men are in the over forty group where family responsi-

bilities are likely to be at their peak—now that incapacity is shorter and recovery more complete our help is often only needed for a short time. Often patients are reluctant to accept help, but if it is only to carry over a temporary difficulty they are glad to shoulder their own responsibilities again so soon that it does not undermine basic independence.

We have had the excitement of seeing one of our long term patients achieve a return to full employment after eleven years in and out of hospital facing surgical hazards and serious illness with great gallantry.

Most of the recently treated patients are now able to return to their own or very similar jobs. We have as always good co-operation with the Disablement Rehabilitation Officer from the Ministry of Labour, and indeed with many statutory and voluntary workers with the various aspects of the work.

(d) VENEREAL DISEASES

In connection with Section 28 of the National Health Service Act, 1946, relating to the prevention of illness and after-care, the City Council accepts responsibility for 2/11ths of the salary of a hospital almoner who spends about a quarter of her time on venereal diseases work.

The following table summarises the work of the clinic held at the Radcliffe Infirmary for 1960 and compares this year with the three previous years. It should be noted that the figures given in this table include patients from the wide area around Oxford served by the Radcliffe treatment centre:

New Patients suffering from:	1960		1959		1958		1957	
	Male	Female	Male	Female	Male	Female	Male	Female
Syphilis, primary ..	—	—	7	1	3	—	—	—
Syphilis, secondary	3	—	—	1	—	—	—	—
Syphilis, cardio-vascular ..	1	—	1	—	2	3	—	—
Syphilis of the nervous system ..	1	—	4	—	3	—	4	—
Syphilis, latent ..	4	5	7	1	7	7	7	5
Syphilis, congenital ..	—	—	—	1	2	1	1	1
Total ..	9	5	19	4	17	11	12	6
Gonorrhoea ..	109	24	117	31	109	10	63	26
Other Conditions ..	218	79	208	84	157	70	146	63
Undiagnosed	7	8	6	4	5	6	6	4
Total new patients	343	116	350	123	288	97	227	99
Total attendances ..	1225	528	1255	594	1102	504	990	450

Dr. P. Mallam reports:

"The figures given for male gonorrhoea may show a slightly lower incidence of new gonococcal infections than was in actual fact the case, as it is some times very difficult to determine if a patient showing signs of active infection shortly after an initial attack is in actual fact a relapse or a reinfection, and we have probably tended to place a certain number in the former category who should have been in the latter. None the less there is certainly no increase in the incidence of new cases which is surprising in view of the reports from other centres. This is difficult to explain, but may to some extent be connected with a better educational and housing level than in some big towns, and also with the fact that the community as a whole is a fairly prosperous one.

The department has suffered a major loss during the past year with the death of Dr. Frances Nichol who had been in charge of the female side of the clinic for many years. No one could have had a more efficient and modest colleague, and the staff and the patients will miss her very much. We are grateful to Dr. Margaret Whitty for her continued willingness to help us when we are in difficulties and would have been hard put to it if she had not been available. At the moment the female clinics are

The following figures show age groups of men attending the clinic in 1960

Age group	15—20	21—25	26—30	31—35	36—45	46—55	Over 55	Total
	M. S. Sep. D.	M. S. Sep. D.	M. S. Sep. D.	M. S. Sep. D.	M. S. Sep. D.	M. S. Sep. D.	M. S. Sep. D.	
City ..	1 19 — —	16 63 — —	20 25 — —	7 13 — —	18 6 1W	2 1 1W	4 — —	197
County ..	1 11 — —	6 23 — —	7 6 — —	3 5 — —	5 3 1W	3 — —	— 1 —	75
Berks ..	1 8 — —	6 10 — —	4 — 4 —	4 4 — —	4 1 — —	1 1 — —	— — —	48
	3 38 — —	28 96 — —	31 31 4 —	14 22 — —	27 10 2W—	6 2 1W—	4 1 — —	320

This figure includes patients removed from the register in previous years who returned for treatment, but excludes those treated by G.P.s.

The following figures show age groups of women attending the clinic in 1960

Age group	15—20	21—25	26—30	31—35	36—45	46—55	Over 55	Total
	M. S. Sep. D.	M. S. Sep. D.	M. S. Sep. D.	M. S. Sep. D.	M. S. Sep. D.	M. S. Sep. D.	M. S. Sep. D.	
City ..	3 23 — —	8 9 — 1	5 2 — —	— 2 — —	1 — — 1	— — — —	1 — —	56
County ..	5 15 — —	2 8 — —	— — — —	6 — — —	5 1 — —	— — — —	— — —	42
Berks ..	1 6 — —	1 3 — —	1 — — —	— — — —	— — — —	— — — —	— — —	12
	9 44 — —	11 20 — 1	6 2 — —	6 2 — —	6 1 — 1	— — — —	1 — —	110

This figure includes patients removed from the register in previous years who returned for treatment, but excludes those treated by G.P.s.

staffed by Dr. Josephine Walley, who has been with us a long time, and Dr. Gillian Perry, who has only recently come to work in this area. It is hoped to make final arrangements regarding the permanent staffing of this section of the department within the next few months."

Miss A. Jackson reports:

"The total number of new patients has fallen to 459 in 1960 compared with 473 in 1959. The total number of attendances was 1,753 in 1960 compared with 1,849 in 1959.

There were no cases of primary syphilis. This compared with 8 cases diagnosed last year. There were 3 cases of secondary syphilis, 1 case of cardia-vascular, 1 case of the nervous system and 9 cases in latent stages.

The total of new patients requiring treatment for gonorrhoea fell from 148 in 1959 to 133 in 1960. The figures for new patients male fell from 117 in 1959 to 109 in 1960. The numbers for the females fell from 31 in 1959 to 24 in 1960.

The total of new patients being treated for other conditions rose from 302 in 1959 to 312 in 1960. The figures for the males rose from 214 in 1959 to 225 in 1960. The figures for the females fell from 88 in 1959 to 87 in 1960.

The figures show a fall in the number of new male patients attending in all groups. This is of particular interest in the age group 21—30 years, as last year's report showed a rise in the number attending from this group. There is also a fall in the corresponding age group for females. These figures are of some remark when considering the fact that the overall picture for other parts of the country shows a rise in the number of patients being treated for venereal disease. The situation in Oxford remains fairly stable this year and there appears to have been some slight reduction in the figures, although the total of new patients being treated for other conditions has risen slightly.

The Almoner continues to see male patients attending the clinic when they are found to have a diagnosis of specific infection in order that their contacts may be traced and brought to a clinic for treatment. Needless to say, arising out of this initial referral, many social and personal problems are brought to light and it is important to remember that, although one of the first aims of the clinic is that people who may be in need of medical treatment should be brought to the clinic, it is equally important that the underlying social factors contributing to their attendance should always be borne in mind. With the male patients these problems in many ways are similar to those revealed by the female patients. Some men show little feeling about the implication of their attendance at the clinic, but there are others for whom this is a very upsetting experience and they are in need of understanding and reassurance. The men remain a cross section of the community and a large number of coloured people, as mentioned

last year, continue to attend. Some attention is being focussed at the moment on the problems of prostitution, and recent articles have drawn attention to the types of men who attend the V.D. Clinics. However, as has been mentioned in previous reports, and confirmed by recent research, there are many contributory factors, e.g. one recent article mentioned that a large proportion of men attending the clinics are long distance lorry drivers and the article went on to say that one could not just accept this as being the reason for their attendance at the clinic, but one had to ask why they had become long distance lorry drivers in the first instance.

It is interesting to note that the group of young girls in Oxford who are known to be prostitutes, has contained the same girls for at least 5 years now. The number hardly varies and they continue to attend the clinic of their own accord when necessary. This year it has been interesting to see that a few of the girls have married. They have chosen men considerably older than themselves, often as much as 20 years older, and their problems have not resolved themselves with marriage, as several girls still speak of their conflicts. The Almoner believes that it is helpful for this group to know the same social worker and clinic staff for a long period, for in this way the most constructive use can be made of their relationship with both the Almoner and the clinic staff, and it has been found during the past year that they are willing to refer other friends for help when they themselves have learnt to trust the help which has been given to them. As the Almoner has now spent some time in this clinic it is possible to see a follow-up of earlier work done. For example, as was mentioned in last year's report, it is the girls who are on the fringe of leading a promiscuous life who can often make use of the help which is given them through a relationship with the Almoner. There have been two specific instances this year which have shown that it is helpful for these girls to have the support of someone over a long period, even if their treatment has been completed. One girl in particular continued to see the Almoner at regular intervals for a long period after she had ceased to attend the clinic, and she was helped to undertake and complete a professional training and is about to take up work in another country. Another girl has continued to keep in touch at regular intervals by letter and seems to have found it helpful that one person has continued to have an interest in her.

Follow-up of defaulters has continued as in other years. Regular review of medical notes and consultation with the doctors results in follow up letters being sent to patients at regular intervals. This year it has not been necessary to ask the Health Visitors to follow up defaulters as there has been a good response to letters. However, at intervals the Almoner has continued to have talks with the Health Visitors so that they are in touch with the clinic.

In some instances it is difficult for a patient to understand that his, or her, attendance at the clinic is necessary for a length of time, this is often understandable when the symptoms have subsided and acute anxiety has also been relieved. In these cases it is necessary for time to be spent

in learning about the patient's attitude. Often it is necessary to spend quite a lot of time on a comparatively few cases like this, and the Almoner has, when appropriate, made home visits. It must also be remembered that it is a real effort for some patients to come to the clinic in Oxford as this often involves long distances and cross country journeys for them. Because of this, it is remarkable what efforts are made to keep up attendances.

As mentioned earlier the general pattern of the clinic remains much the same, with the same social problems being high lighted, e.g. these problems remain personal rather than environmental or economic, although as has been mentioned earlier, there are still a number of coloured people attending mostly as a result of their environmental situation. The clinic this year has been particularly interesting in that it has brought to light a number of relationships between coloured and white women which is no doubt one of the general problems of assimilation. Another point of interest this year is that the publicity given to V.D., especially by television programmes, temporarily resulted in a number of people coming to the clinic because they were worried. This small number did not reveal instances of specific infection but rather an element of neurosis.

Above all else one feels that it is the attitude of the clinic staff towards the patients which contributes so much both to their continued attendance and helps the patients to make constructive use of their need for treatment."

Table showing the incidence of new cases of Venereal Disease in City Residents from 1941—1960

	MALES		FEMALES	
	Syphilis	Gonorrhoea	Syphilis	Gonorrhoea
1941	33	56	33	27
1942	23	34	26	22
1943	22	24	28	34
1944	11	28	15	30
1945	11	24	12	17
1946	23	57	19	15
1947	14	26	25	10
1948	7	36	12	7
1949	8	17	9	2
1950	14	9	9	6
1951	8	10	6	3
1952	7	25	5	8
1953	8	16	3	13
1954	6	21	7	13
1955	6	27	4	25
1956	6	32	8	17
1957	7	38	2	12
1958	7	62	7	6
1959	5	70	1	16
1960	4	77	3	14

(e) VACCINATION AND IMMUNISATION**1. Vaccination against smallpox**

Table showing successful vaccinations performed during the year:—

Age at date of vaccination	Under 1 year	1 year	2-4 years	5-14 years	15 years and over	Total
Number vaccinated (primary)	1058	41	27	18	79	1223
Number re-vaccinated	—	3	34	63	824	924

Of the vaccinations carried out during the year, 316 primary vaccinations and 750 re-vaccinations were performed by general practitioners participating in the Council's scheme under Section 26 of the National Health Service Act 1946.

Ten—twelve weeks is regarded as the best age for primary vaccination. This enables triple antigen to be started at 3—4 months.

During the year three attempts at vaccination were made on four children and two attempts on twenty-one children without success.

Proportion of babies vaccinated

The number of Oxford babies vaccinated during 1960 while still under one year of age (1058) expressed as a percentage of live births registered in the last half of 1959 and the first half of 1960 (Oxford residents) was 68%.

Corresponding figures for the last ten years are as follows:—

1951	51%
1952	57%
1953	58%
1954	62%
1955	62%
1956	61%
1957	66%
1958	63%
1959	68%
1960	68%

This relatively high rate is largely the result of the ease with which mothers can have their babies vaccinated at any session of all the child welfare clinics; 70% of all primary vaccinations were carried out in this way. Among those performed in the first year the proportion is still higher. The local acceptance rate of 68% is well above the national figure of 45% for 1959 (the latest year for which the figure is available).

No serious reactions or complications occurred during the year.

2. Immunisation against diphtheria and pertussis

The following table shows the number of primary immunisations completed and the number of re-inforcing injections given during 1960:—

	Age at date of final injection (as regards A) or of reinforcing injection (as regards B)						Total
	Under 1 yr.	1 year	2 years	3 years	4 years	5-9 years	
A. Number of children who completed a full course of primary immunisation							
(i) Triple antigen ..	1250	74	27	18	9	2	1380
(ii) Combined diphtheria-tetanus prophylactic ..	5	1	4	14	21	147	192
Totals	1255	75	31	32	30	149	1572
B. Number of children who were given a reinforcing injection:							
(i) Combined diphtheria-tetanus prophylactic	—	—	32	114	118	176	440
(ii) T.A.F.	—	—	1	12	55	454	522
Totals	—	—	33	126	173	630	962

Comments

(1) General practitioners gave 233 of the 1572 primary courses (i.e. 17%) and 33 of the 962 re-inforcing injections (i.e. 4%). All the other injections were given by the staff of the Health Department. This is an indication of the advantage taken by parents of the facility with which the former procedure is available at all child welfare clinic sessions and the latter in relation to routine school medical inspections.

(2) Children receiving a full course of immunisation against diphtheria numbered 1572 compared with 1480 in 1959. Those receiving a full course of vaccination against pertussis numbered 1380 compared with 1250 in 1959.

(3) The exact proportion of babies immunised against diphtheria is difficult to estimate accurately. But there is a strong indication that the rate remains satisfactory. The health visitors have studied the records of children born in 1958 and still on their visiting list at the end of 1960. There were 1126 such children, of whom 995 had been immunised. This gives a figure of 88%. Comparable figures for the last nine years are as follows:—

1952	76%
1953	71%
1954	75%
1955	76%
1956	77%
1957	80%
1958	82%
1959	83%
1960	88%

(4) Triple antigen was again used throughout the year for primary immunisation of babies, preferably beginning at 3—4 months. No serious reactions occurred in babies; nor were any courses incomplete on account of unpleasant reactions. A single dose of T.A.F. is given as a booster against diphtheria; alternatively diphtheria-tetanus toxoid is given as a booster to children who have had triple antigen in infancy.

(5) The exact proportion of babies protected against pertussis is not known; but with the general use of triple antigen in the City, it must be about the same as the figure for diphtheria—i.e. 88%

(6) Estimations, based on notification figures, of the protection conferred by pertussis immunisation are notoriously unreliable. But if some 88% of babies are immunised, and if only the notified cases are considered, the figures in the table given below indicate a considerable degree of protection. During the past four years there have been 33 notified cases in the first year of life, none of them in immunised children. Cases notified in 1960 were as follows:—

	Under 1 year	1 year	2 years	3 years	4 years	5—9 years	Total
Total notifications	4	7	7	5	11	16	50
Notifications in immunised children	—	1	1	3	3	1	9

Details of the notified cases in immunised children are as follows:—

Age of child at onset	Antigen used	Interval between last injection and onset	Severity (as classified in M.R. field trials)
1 year	Triple antigen	6 months	Moderate
2 years 7 months	Triple antigen	2 years	Mild
3 years 3 months	Triple antigen	2 years 8 months	Mild
3 years 4 months	Triple antigen	2 years 10 months	Mild
3 years 8 months	Triple antigen	1 year	Mild
4 years 1 month	Triple antigen	3 years 5 months	Mild
4 years 10 months	Triple antigen	4 years 5 months	Moderate
4 years 11 months	Plain pertussis vaccine	3 years 8 months	Moderate
6 years 3 months	Plain pertussis vaccine	5 years 9 months	Moderate

(3) Poliomyelitis Vaccination

The campaign for vaccination against poliomyelitis for children and young persons was continued, and in February the priority group was extended to cover travellers and emigrants to areas outside Europe, Canada and the United States of America, and various professional persons whose occupation exposes them to increased risk of infection. Vaccination was also made available to all under the age of 40. From the following table it will be seen that in spite of the extension of the scheme the zenith of the campaign has been passed.

During 1959 the waiting list for vaccination disappeared, and since then it has been possible to deal with applications as they are made. A regular session is held on Wednesdays at 5 p.m. at 60 St. Aldates which is open to the public without appointment.

The acceptance rate for children and young persons born since 1943 has remained very satisfactory and above that for the country as a whole. (Owing to the absence of figures for population for this age group exact figures cannot be given, but it remains over 90%).

The response for adults (born 1920-32) has been less enthusiastic, but 5,257 received two injections, and 1,620 of these completed the course of three injections during the year. Since expectant mothers became eligible in 1957, 129 (about 7%) who received two injections during pregnancy failed to attend for a third injection after the birth of the child, in spite of reminders from the Health Visiting and clerical staffs. The key position in our social structure occupied by mothers of families makes this group particularly important, and it is disappointing that the default rate should be somewhat higher than in other groups (about 5%).

Approximately 93% of primary injections and 95% of third injections were given under Local Authority arrangements, including work carried out on a sessional basis by General Practitioners and Industrial Medical Officers. In this connection mention must be made of the valuable contribution to the programme made by the staffs of Medical Departments of several large factories in the area who undertook the vaccination of their employees. In addition to complete courses of injections, single injections were given to persons whose domicile changed during the year.

Injections given (Local Authority and General Practitioners)

	1st injection	2nd injection	3rd injection
Children	1,552	1,517	3,774
Young Persons	691	1,242	4,507
Adults	5,209	5,150	1,449
Others	15	10	12
Hospital Staff	203	171	814
	7,670	8,090	10,556

Year	Groups eligible	Persons completing 3 injections	Persons completing 2 injections	Persons completing 1 injection
1956	Children born 1947—1954	—	174	3
1957	a. Children born 1947—1956	..	..	..
	b. General practitioners and families	..	..	..
	c. Ambulance staff and families	..	1,511	125
	d. Expectant mothers	..	—	..
	e. Hospital staff at special risk	..	..	..
1958	a. Children born 1943—1958	..	..	..
	b. Young persons born 1933—1942	..	..	..
	c. General practitioners and families	..	..	..
	d. Ambulance staff and families	1,571	23,233	1,543
	e. Expectant mothers	..	..	..
	f. Hospital staff and families	..	..	..
1959	a. Children born 1943—1959	..	..	..
	b. Young persons born 1933—1942	..	..	..
	c. General practitioners and families	..	..	..
	d. Ambulance staff and families	25,670	14,421	146
	e. Expectant mothers	..	..	..
	f. Hospital staff and families	..	..	..
1960	a. Children born 1943—1960	..	..	..
	b. Young persons born 1933—1942	..	..	..
	c. Adults born 1920—1932	..	..	..
	d. General practitioners and families	10,556	6,634	192
	e. Ambulance staff and families	..	..	..
	f. Expectant mothers	..	..	..
	g. Hospital staff and families	..	..	..

(4) Inoculation of Travellers

(a) *Yellow Fever*. Following the development of new methods of preparation of Yellow Fever vaccine, Local Authorities were asked to take over this service for travellers which had previously been carried out mainly by Regional Blood Transfusion Services as part of the Hospital and Specialist Services under Part II of the National Health Service Act 1946. Yellow Fever vaccination has been carried out since the beginning of August 1960 at the Health Department in accordance with the above request. The number of national centres providing this service is limited, and the facilities have therefore been extended to all applying irrespective of their area of domicile. A fee of 10/- is charged per injection to cover the cost of purchasing the vaccine and incidental expenses. The number of travellers protected since 1st August was 194:

(b) *Other Diseases*. Innoculations for prospective travellers against other diseases have been given by Health Department Staff, but, save in exceptional circumstances have been limited to Oxford residents.

					<i>Primary</i>	<i>Revaccination</i>
T.A.B.	..	..	..	..	19	35
T.A.B. and Cholera combined	..			..	23	14
Cholera	..	..	..	..	8	8
Typhus	..	..	..	..	9	1
Tetanus toxoid	..	..	..	..	18	7

(f) INFESTATION

(i) Scabies

The number of school children with scabies treated together with their families during the year was the same as in 1959, viz. 6 children contained in three families.

(ii) Pediculosis

During the year 12,659 personal hygiene inspections were carried out by the school health visitors and out of 7,079 children inspected, 135 were found to have lice or nits in the hair. This represents an incidence of 1.9% compared with 1.3% in 1959 and 2.3% in 1958. The slight increase in incidence since 1959 is probably due to the inspections being concentrated on schools where persistent offenders have been found in the past. Every effort is made to detect and eradicate infestation in family contacts, but it is notoriously difficult to elicit the co-operation of some members particularly elder sisters who have left school and who may well provide a reservoir of infection.

(g) LABORATORY SERVICES

Bacteriological examinations

Examinations of swabs and other specimens from cases of infectious diseases, and from contacts and suspected carriers, have been carried out by the staff of the Public Health Laboratory, Walton Street, Oxford, from whom help has been received. It is also pleasing to note that a long felt need is to be satisfied during 1961, by the establishment of a virological laboratory under the directorship of Dr. F. O. MacCallum.

Analytical examinations

The partnership forming the firm of Messrs. Thomas McLachlan and Partners of London and Reading, who have been Public Analysts to the City for a number of years, was dissolved during the year. The Health Committee decided to retain the services of Mr. F. A. Lyne, B.Sc., F.R.I.C., of 220/222, Elgar Road, Reading, Berks, as the official Analyst to the City as from the end of the year. Mr. Lyne as previous partner to Mr. McLachlan has been the Analyst actively concerned with the Oxford sampling, mainly because of the convenience of the laboratory at Reading. A new laboratory has now been set up and it is anticipated that examinations will continue to be dealt with at the new laboratory.

THE CONTROL OF TUBERCULOSIS IN OXFORD

by G. F. WILLSON, M.D., D.P.H.,

(Address given at the Annual General Meeting of the Tuberculosis
Voluntary Care Committee on 20th October, 1960)

In the 1660s, a clergyman named Richard Morton, who had been expelled from his living because of his non-compliance with the Act of Uniformity, decided to take up the study of medicine. He received the degree of M.D. at Oxford in 1670. Amongst his writings was a book with the sub-title "A treatise of consumptions", in which he describes various factors thought to favour the onset of consumption and says: "This Disease is also propagated by Infection. For this Distemper (as I have observed by frequent Experience) like a Contagious Fever does infect those that lye with the Sick Person."

Thus we have it, that nearly 300 years ago the infectious nature of the disease was appreciated and the danger of contact with affected persons was realised. Realised that is, by a few, not unfortunately by the majority.

In 1848, there was a booklet published entitled "On the Sanitary Condition of Oxford". It is here pointed out that the number dying of consumption differed but little each year, being in fact more even than any other great cause of death. The number of deaths from phthisis each year at that period varied from 100 to 120. As the population of Oxford at that time was about one quarter of its present size, this means that if the same mortality rate has been operative today, some 450 deaths from respiratory tuberculosis might have been expected in Oxford last year. In fact, only 9 deaths were recorded during 1959.

Now, as you know, living in overcrowded conditions greatly facilitates the spread of tuberculosis. That overcrowding of severe degree did exist amongst the poor in Oxford at that time is shown by an eye-witness account of the epidemic of asiatic cholera which struck Oxford in 1854. This epidemic started explosively in a small house in Gas Street; a house consisting of 8 small rooms in which lived 6 families comprising in all, 27 persons. If circumstances such as these were common, and we believe that they were, it is not surprising that tuberculosis was an ever present scourge.

When we examine the mortality rates for 1900, a very different picture is revealed. In this year, 55 deaths were attributed to phthisis, that is only half the number recorded half a century earlier, and this in spite of the fact that the population of Oxford had by then doubled.

It is clear to us today that the peak of a great epidemic of tuberculosis affecting not only this country but many others had been reached by 1850. Since then the disease has been in decline, gradual for many decades and greatly accelerated during the last one since more potent weapons have been forged against it. The reasons for the steady decline

are probably many—a gradual build-up of mass resistance on the part of affected populations due to the elimination by death of the most susceptible stock, vastly improved living conditions, less overcrowding, better ventilation, better nutrition, shorter working hours and improved working conditions, and so on.

In 1880, Robert Koch, after years of painstaking work in his laboratories, had become the first man ever to see the tubercle bacillus and thus to prove beyond any doubt what our Richard Morton had hinted at 200 years before, namely that tuberculosis is an infectious disease which can only arise as a result of contact with a specific organism.

At this time, of course, the prevalence of the disease could only be guessed at, as there was no notification of fresh cases, no follow-up and examination of contacts. The only accurate knowledge available concerned the number dying of the disease.

By 1898, between 1,100 and 1,200 persons were still dying from tuberculosis in England and Wales every week, and in an effort to stem this dreadful mortality, the National Association for the Prevention of Tuberculosis was founded. A branch of the Association was started in Oxford in 1900 and in his annual report for that year the M.O.H. said “at the end of the present year it will be possible to form some idea as to the prevalence and distribution of the disease in Oxford, and the conditions under which the consumptive poor live, but many years of hard work will be needed before we can expect any marked reduction in the death rate.” Two years later he remarked that “there is no doubt that people are slowly beginning to realise that consumption is catching.”

In 1908, the Public Health (Tuberculosis) Regulations came into force. Under these regulations, the Poor Law Officials were to notify the M.O.H. of cases of tuberculosis occurring amongst the poor, either those in Poor Law Institutions or those attended in their own homes. The M.O.H. remarks that: “The homes were visited, disinfection carried out and sanitary defects remedied as far as possible, but the class of patient to whom the Regulations apply are exceedingly difficult to deal with, especially as there is no power to enforce any restrictions whatever upon the sufferers.”

The Regulations actually stated that no enactment may be put into force “which renders the poor person, or any other person, liable to a penalty or subjects the person to any restrictions, prohibitions or disability affecting himself or his employment, occupation, means of livelihood or residence, on the grounds of his suffering from Pulmonary Tuberculosis.” What *could* you do. As the M.O.H. concluded, the only practicable lines on which to work were the education of the early cases and isolation of those in the last stages of the disease.

In 1910, there was undertaken what was described as the first step in the crusade against tuberculosis in Oxford, namely the opening of the Tuberculosis Dispensary at the Radcliffe Infirmary. Although this

venture was unconnected with the City Council the latter was careful to secure the services of the Tuberculosis Officer, Dr. Stobie, for 3 days per week, and since this time the fusion of the curative and preventive services, so vital in this disease, has remained.

Preventive measures were undertaken by the Tuberculosis Officer visiting the house and instructing the patient how to live so as to avoid being a source of danger to others, by examining and keeping under observation any home contacts with suspicious symptoms and by educating the household in hygienic and healthy living. It was, however, rightly reported that "the problem of good food and airy bedrooms is not facilitated by the illness of the bread-winner, and the fact that precautions must be taken, not for a few weeks, but as long as life lasts, calls for unremitting watchfulness on the part of the doctor and patient alike."

At the beginning of 1912, not only Poor Law patients, but *all* cases of pulmonary tuberculosis became notifiable and the following year the regulations were extended to include all forms of tuberculosis. The chief concerns of the M.O.H. at this time were the lack of sanatorium beds and the great social problem of how to assist poor families when the wages of the bread-winner were reduced by chronic illness. "To my mind," he said, "one of the first requisites is a committee with members representing every body, charitable or otherwise, capable of helping."

In 1913, the City prepared a Tuberculosis Scheme in conjunction with the Radcliffe Infirmary, Oxford doctors and the local Insurance Committee. The chief features of this scheme were the appointment of an Assistant Tuberculosis Officer at a salary of £300 per annum and the reservation of 6 beds at the Radcliffe Infirmary for the use of City patients. (It was noted that treatment in a sanatorium with view to permanent cure was only of use in a limited number of cases).

The scheme was, of course, postponed because of the outbreak of war but in 1919 we read that the City's requirements have risen to 20 beds to be provided either at the Radcliffe Infirmary or at a new institution at Headington Hill. Reports for subsequent years remark on the high cost of building, the necessity for economy and so on, but negotiations continued intermittently and sluggishly until, nearly 7 years later at the end of 1926, 20 City patients were admitted to the new Osler Pavilion at Headington, which was described as "a sanatorium up to date in every respect and worthy of the name it bears". It was then found possible to close two temporary wards which had been opened at the City Hospital in Cowley Road.

Time and again during these years the M.O.H. mentioned the great difficulties caused by the shortage of houses and the unfortunate effect on many patients who, because of this reason, had to be transferred to institutions where they tended to lose interest in the outside world and became disinclined to face life again. The overcrowding was such that in 1925, in 61 cases of persons suffering from open pulmonary tuberculosis

(i.e. coughing up tubercle bacilli) there was more than one person per bedroom in 41 instances, more than 2 in 12, more than 3 in 7, and in one solitary instance more than 5.

It is also instructive to read that "in a limited number of instances the patients are X-rayed as an aid to diagnosis". What was a very special procedure for use only in particularly difficult cases has become the common method of assessment and control in both patient and contact alike.

Always it was the social and economic problem of the long drawn out illness which was uppermost in the minds of those having to assist the afflicted, and the M.O.H. suggested that the 45/- per week which it cost to maintain a patient in the T.B. wards at Cowley Road Hospital would in many cases be better spent if the patient was allowed to stay at home and some of the money used for providing him with a better house and adding to his earnings.

The Tuberculosis Officer in 1928 drew attention to the fact that a lamentable number of persons did not seek advice until the disease was so extensive that they were beyond anything except palliative measures. For these patients prolonged stay in an institution like the Osler was described as a useless extravagance and less expensive beds of the type provided at the City Hospital in Cowley Road were recommended. The housing shortage at this time was described as acute as ever.

A second T.B. dispensary was opened at the Osler in 1930—the 2 dispensaries together acting as centres for observation and examination of contacts, after-care of patients and as information bureaux.

1937 brought concern at the increase in notifications and in the waiting list for beds. During that year there were 53 deaths from respiratory tuberculosis and 101 notifications of fresh cases, and the City Council decided to increase its beds at the Osler to 38. The following year saw the opening of the new Slade Hospital with a T.B. block of 14 beds, but before there had been time to make much use of this World War II had started, there was a general reshuffle of hospital beds and temporary quarters were taken over for the duration.

During the war a Tuberculosis Allowance Scheme was started, eligibility being decided at the Chest Clinic and the individual financial assessments being made by the almoner employed by the local authority. Additional help was also obtainable from the recently formed Care Fund, made up of voluntary contributions and administered by the Care Committee, the forerunner of that which has requested your presence here this evening.

During the immediate post-war years the main worries were once more the great increase in the cost of living and the increased difficulty in finding suitable work for old patients after the return of the ex-service men. A survey undertaken during these years showed that there lived in the City between 20 and 30 men who were chronically unemployable

because of tuberculosis, and thoughts were turned to the possibility of a sheltered workshop.

With the coming into force of the National Health Service Act in 1948, responsibility for the provision of hospital beds and for treatment of tuberculosis passed from the City Council to the Board of Governors of the United Oxford Hospitals. The City Council became primarily concerned with the prevention of tuberculosis and the after-care of persons suffering from it.

Now in this disease it is absolutely impossible to draw any hard and fast line between treatment and prevention. To treat an infectious case is to help prevent the disease, and to examine contacts, thereby discovering previously unsuspected disease which can then be treated, is also to prevent it. For these reasons it was decided that the services of the consultant chest physician, the almoner, and the records clerk employed at the Chest Clinic at the Churchill Hospital should be shared between the hospital and the local authority, and that the local authority should provide 2 whole-time tuberculosis health visitors who would carry out their home visits and follow-up of contacts from a base at the Chest Clinic.

The status of the Care Committee changed from that of being a statutory body of the local authority to a voluntary body with the local authority represented. Although some of the needs previously met by Care Committees were then transferred to the National Assistance Board, there has remained until today a valuable field for Care Committee aid among families whose financial status has dropped seriously owing to incapacity of the bread-winner.

In 1949, a rise in the number of notifications was noted and was considered to be due to the increased ascertainment of cases by the mass radiography unit.

In 1950, the B.C.G. vaccination of the contacts of tuberculous patients was started at the Chest Clinic. In 1954, the local authority initiated its scheme for the B.C.G. vaccination of schoolchildren who were approaching their 14th birthday. By last year the acceptance rate for the children offered B.C.G. had risen to nearly 80%. One looks forward to the time when nearly 100% of the susceptible children will have received this form of protection. Although previously limited to local authority schools, all children in the appropriate age groups attending independent schools in the City will be offered B.C.G. next year.

One remarkable thing shown by the working of this scheme has been how the proportion of children who have been in contact with infectious cases of tuberculosis, as shown by the skin test before vaccination, has been steadily falling. Last year the proportion of Oxford children whose initial skin tests were positive was about 10%. Ten years ago the proportion was between 20% and 30%.

In 1950, deaths from respiratory tuberculosis in England and Wales fell by 24% and it was clear that the use of streptomycin and its ancillary drugs was having a remarkable effect on the course of this disease. It

was several years before the fall in the notification of fresh cases was as encouraging as the fall in the death rate, but by 1959 in Oxford both the number of deaths and the number of notifications of pulmonary tuberculosis were only about one third of the figures recorded 10 years earlier.

We have then 3 reasons why we can confidently expect the downward curves of tuberculosis mortality and morbidity to continue:—

1. The increased use of mass radiography in the detection of early and unsuspected cases.
2. The power of modern drugs to cure the patient and prevent further spread of infection from that source.
3. The increasing proportion of young people who have been given some protection by means of B.C.G. vaccination.

When I say that we may expect the downward trend to continue, I mean, of course, provided that there is no relaxation whatsoever in the measures already proving so successful. Rather there should be an intensification of these measures, for as the nation as a whole becomes increasingly free of infection, so the relative importance of the individual case increases. Each fresh case found will call for an ever more intensive search for the source of the infection.

The unco-operative case who will not submit to treatment and will not regulate his way of life in order to avoid endangering others has always been a problem, and as I have told you, could not be caught in the feeble net of the Tuberculosis Regulations, 1908. Powers do exist, however in the Public Health Act of 1936 which allow legal measures to be taken against tuberculous persons who cause serious risk to other persons and are not taking or are not able to take proper precautions to prevent the spread of infection.

Before curative treatment was available, there was reluctance to arrange for the compulsory removal of these people to hospital. Experience in several large cities during recent years has shown, however, that magistrates are now ready and willing to grant court orders for committal to hospital of sputum positive cases where treatment would render them non-infectious and where all other means of attempting treatment have failed due to the patient's persistent non-co-operation. One such case has been dealt with in Oxford, and I think that I can say that we would be prepared to deal similarly with any other case of a like nature which was considered a hazard and danger to the public health.

A remaining problem is provided by the infectious cases who studiously avoid any enticement to enter the mass radiography van on its periodic visits, and so escape detection and remain as infective agents in the community. By an all-out effort some large cities, notably Glasgow and Liverpool, have succeeded in getting a high proportion (nearly 80%) of their adult populations X-rayed, thereby bringing to light hundreds of previously unsuspected cases. These techniques will undoubtedly be employed in other industrial cities where the incidence of tuberculosis is

such as to make the great effort required worth while, thereby producing a further haul of fresh cases which can be rendered non-infectious by treatment. If only, one feels, legislation could be passed making it compulsory for every person in this country over the age of 16 to have say 2 X-ray examinations at a few months' interval, then there is no doubt that the disease could be virtually eliminated.

Compulsion is probably the only way in which one could effectively deal with the class of person who inhabits the common lodging house or hostel. Cajoling or threats never succeed in getting more than a handful of these men to the X-ray van, and even when they have been X-rayed and the films read, difficulties are by no means over. The men with positive films have to be found again, and when found enticed into hospital, and when in hospital kept from discharging themselves prematurely.

In conclusion I should like to point out the danger from immigration into the country of fresh infective cases, a danger which would remain even though the mass of disease in the country could be eliminated. The prevalence of tuberculosis existing in certain immigrant groups is significantly above that in the general population. In particular the number of cases found amongst Pakistanis in Oxford has recently been causing concern. The somewhat communal mode of life effected by some of these groups who purchase property and then fill it with their own kith and kin to an extent which constitutes overcrowding, does much to favour the spread of infection amongst themselves. The difficulty of finding out who the occupants of a house are, let alone the difficulty in persuading the contacts of a case to attend the Chest Clinic for X-ray, are considerable. When, in answer to the health visitor's knock, a figure appears and says "no speak English", or something quite incomprehensible, and then closes the door firmly, what is the next move to take? I should appreciate advice.

Why cannot machinery be set up whereby these people could be X-rayed under compulsion within a short time of their arrival? Then those with tuberculous infection could be made to accept treatment, instead of being allowed to disseminate infection amongst the inhabitants of the country in which they have chosen to live.

This evening I have tried to give you some idea of the changing problems posed by tuberculosis since the beginning of the century. At the beginning there was, as I have described, but little one could do except educate the early case in methods of living with his disease and provide the late case with, if possible, a bed in which to die. Now, 60 years on, the medical problems concerned with the treatment and eradication of infection are solved in all but a very small proportion of cases, and our efforts must increasingly be directed towards the establishment of really efficient mopping-up operations.

SECTION V

MATERNITY AND CHILD WELFARE

REPORT BY DR. E. J. COULTER,
M.B., Ch.B., D.P.H., D.C.H.

Senior Assistant Medical Officer for Maternity and Child Welfare.

A. MATERNITY

(including domiciliary midwifery)

I. Midwives practising in the Area

Number of midwives practising at the end of the year in the area of the Local Supervising Authority:—

(a) Domiciliary midwives employed by the Local Health Authority	7
(b) Midwives in hospital practice, employed by the Board of Governors of the United Oxford Hospitals.. .. .	43
	—
	50
	==

II. The Domiciliary Midwifery Service

1. General arrangements

All the domiciliary midwifery is carried out by full-time midwives employed by the City Council. The establishment provides for a non-medical supervisor and for seven midwives.

On the retirement of Miss Needham in April 1960, the post of Supervisor of Midwives was filled by Miss Millar, a member of the staff since 1946. The simultaneous appointment of a resident warden-housekeeper at the Pupil Midwives' Hostel relieved the new supervisor of a number of purely domestic duties and enabled her to continue with a small case-load.

The City Council takes full responsibility for providing domiciliary midwives with suitable transport and accommodation if they require it. In 1960 Corporation cars were used by three midwives and a car allowance, on the essential user basis, was available for those running their own cars. Five midwives occupied Council property; four in fully-furnished accommodation and one in an unfurnished flat.

2. Antenatal care for domiciliary cases

Every mother booked for domiciliary delivery by a City midwife also books a general practitioner under the Maternity Medical Service. Cases for domiciliary delivery are carefully selected and antenatal care is carried out by both doctor and midwife in close co-operation. The number of special antenatal sessions held by general practitioners at their

surgeries, and attended by a midwife or her pupil, has increased. At the end of the year 19 doctors were participating in 13 regular weekly sessions.

Every effort is made to ensure that the full range of routine antenatal blood tests is carried out in each case. Specimens may be collected at the pathological laboratory at the Radcliffe, but most mothers find it easier to attend one of the City antenatal clinics. The following figures show the number of attendances for this purpose over the last 9 years:—

1952	134
1953	224
1954	271
1955	326
1956	352
1957	617
1958	1054
1959	1065
1960	1036

In addition the Supervisor of Midwives took samples at the mothers' home on 49 occasions during 1960 at the request of a general practitioner (compared with 71 occasions in 1959 and 98 in 1958).

The concerted effort to ensure that all mothers delivered at home have a high haemoglobin level at term has been maintained. To this end, almost every mother has routine iron in pregnancy and the haemoglobin level is re-estimated at 34—36 weeks. The results of all blood tests in pregnancy are entered on the midwife's record which remains in the mother's keeping until she is delivered. Study of the records of the 620 cases delivered in 1960 shows the following distribution of the late-pregnancy (all after 34 weeks) haemoglobin readings:—

<i>Hb</i>	<i>Number of cases</i>
61—70%	5
71—80%	144
81—90%	332
91—100%	112
101% or over	11
No record available	16
	<hr/>
	620
	<hr/>

Of the five readings in the 61—70% group only one was under 70%. In the group "No record available" seven were unbooked emergencies and four were premature labours.

3. City Antenatal Clinics

The steady fall in attendances for full antenatal care at the City clinics continued. Attendances for this purpose number 144 compared with 308 in 1959 and 420 in 1958. The few mothers who attend usually do so for geographical reasons and in each case a doctor is booked and is kept informed of his patient's progress.

The following table shows the attendances for antenatal care, the blood tests performed for general practitioners and the injections of poliomyelitis vaccine given during the year. It does not include 3 post-natal attendances.

Work done at City antenatal clinics 1960

Clinic	Full antenatal care		Blood tests at request of general practitioners	No. of polio- myelitis vaccine injections given
	Firsts attend- ances	Re- attend- ances		
Headington ..	9	37	352	280
East Oxford ..	6	46	463	333
St. Aldate's ..	4	42	221	183
	19	125	1036	796

4. Maternity Medical Service bookings

The distribution of bookings (of mothers delivered at home) under the Maternity Medical Service among doctors in practice in the City was as follows:—

30—39 cases	3 doctors
20—29 cases	5 doctors
10—19 cases	20 doctors
5—9 cases	12 doctors
1—4 cases	10 doctors

These figures apply only to City cases, thus they do not represent the total Maternity Medical Service bookings of these doctors.

5. Work of the individual midwives during 1960

Details are shown in tabular form. The figures include deliveries and visits carried out by pupil midwives and by medical students.

A second table gives an analysis of all domiciliary deliveries carried out during 1960.

Table showing the work of the individual midwives during the year.

	Doctor present at delivery	Doctor not present at delivery	Mis-carriages	Total	Antenatal Visits	Nursing Visits	Postnatal Visits (i.e. after the 14th day	Total Visits
Midwife A. (East Oxford and part of Cowley)	17	51	—	68	1,218	1,275	21	2,514
*Midwife B. (Headington)	14	69	—	83	879	1,581	25	2,485
†Midwife C. (Headington)	4	11	—	15	210	294	—	504
Midwife D. (Cowley)	19	68	1	88	1,002	1,576	8	2,586
Midwife E. (South, West and part of East Oxford)	27	76	—	103	1,190	1,942	31	3,163
‡Midwife F. (North and Central Oxford and relief of Supervisor)	20	52	—	72	844	1,235	17	2,096
Midwife G. (Wolvercote, Cutteslowe and North Oxford and relief of Supervisor w.e.f. 19.7.61)	25	64	—	89	1,516	1,694	8	3,218
Midwife H. (Northway, Marston and Blackbird Leys)	13	64	—	77	1,169	1,838	10	3,017
§Midwife I. (Blackbird Leys)	7	19	—	26	369	420	—	789
	146	474	1	621	8,397	11,855	120	20,372
Corresponding figures for 1959	120	499	3	622	8,491	12,328	132	20,951
Corresponding figures for 1958	114	436	2	552	7,597	10,995	120	18,712

* Retired 30.9.60.

† Appointed 1.10.60.

‡ Appointed Supervisor of Midwives 19.7.60.

§ Appointed 5.9.60.

6. Analysis of domiciliary deliveries during 1960:—

	Doctor present at delivery		Doctor not present at delivery		Total
	Primiparae	Multiparae	Primiparae	Multiparae	
Total cases	61	85	76	398	620
Live births	61	87	74	396	618
Still-births	—	—	2	3	5
Twin deliveries	—	2	—	1	3
Death of baby at home ..	—	1	—	1	2
Forceps deliveries	7	1	—	—	8
Emergency obstetric service	2	2	—	3	7
Baby transferred to hospital by "premature baby flying squad"	—	—	—	1	1
Baby transferred to hospital other than by "flying squad"	2	—	1	5	8
Mother and baby transferred to hospital	1	—	—	—	1
Anaesthesia and analgesia:—					
(a) Pethidine	44	46	61	179	330
(b) Gas-and-air	59	82	73	379	593
(c) Trilene	2	2	—	—	4
Antenatal care:—					
(a) General practitioner and midwife	61	85	74	381	601
(b) Clinic and general practitioner	—	—	1	12	13
(c) Hospital booked emergencies	—	—	1	3	4
(d) None (emergencies) ..	—	—	—	2	2
Feeding at 14 days:—					
(a) Breast entirely	49	59	56	291	455
(b) Breast and bottle	2	11	10	31	54
(c) Bottle entirely	8	16	8	67	99

Comments on the work of the midwives and on the details of domiciliary deliveries

(1) Total deliveries increased by one (620 compared with 619 in 1959). The slight decrease in the number of both antenatal and nursing visits may be accounted for by the increasing number of expectant mothers being seen by midwives at doctors' surgeries, and by the fact that fewer visits have been made in certain cases between the 10th and 14th day of the puerperium. Under a recent amendment to the rules of the Central Midwives Board the minimum lying-in period has been reduced from 14 to 10 days.

(2) There was one maternal death.

(3) Only 5 still-births and 2 neonatal deaths at home occurred in 620 deliveries.

(4) Three pairs of twins were delivered at home. Two of the mothers in whom twins had been diagnosed refused medical advice for hospital confinement. Twins were undiagnosed in pregnancy in the third mother. All the babies were large and made satisfactory progress.

(5) Doctors were present at 31% of deliveries compared with 24% in 1959, 26% in 1958, 16% in 1957 and 13% in 1956.

(6) The forceps rate was again low, namely 1.6%.

(7) It can be calculated from the figures that 73% of babies born at home were fully breast-fed at 14 days.

7. Patients booked for domiciliary delivery but transferred to hospital during labour.

Despite thorough antenatal care and careful selection of mothers booked for delivery at home, it is inevitable that abnormalities will occasionally arise during labour. In Oxford, thanks to the unfailing co-operation of the hospitals, admission of emergency cases can always be arranged without delay.

During 1960 the admission of 20 mothers occurred during labour. Calculated as a percentage of mothers delivered at home plus those admitted in labour, this works out as 3.1% compared with 4.3% in 1959, 2.6% in 1958 and 4.0% in 1957.

The reasons for admission, together with the outcome for mother and baby were as follows:—

<i>Abnormality</i>	<i>End result</i>		<i>No. of cases</i>
	<i>Mother</i>	<i>Baby</i>	
Delay in 1st stage	Normal delivery	Survived	1
Delay in 1st stage	Forceps delivery	Survived	3
Delay in 2nd stage	Normal delivery	Survived	1
Delay in 2nd stage	Forceps delivery	Survived	8
Ruptured membranes and high head at term	Normal delivery	Survived	2
High head in early labour	Normal delivery	Survived	1
Breech presentation in premature labour	Breech delivery— spontaneous	Survived	1
Antepartum haemorrhage	Normal delivery	Survived	2
Severe antepartum haemorrhage	Normal delivery	Stillborn*	1
			—
			20
			==

*This case, involving a perinatal death, is discussed in paragraph 10.

8. Administration of pethidine

Pethidine was given in 240 cases in which the midwife was acting on her own responsibility (i.e. 51%). There has been little variation in the proportion of mothers receiving pethidine in the past 9 years.

9. Gas and air analgesia

Gas and air is made readily available to every mother who wishes to have it. Instruction in its use is always given in the antenatal period unless the mother is familiar with and confident in it.

During the year 96% of mothers received it. The local figure remains well above the national figure for inhalational analgesia. (The latter reached the record figure of 81% in 1959, the latest year for which it is available).

In the 22 cases in which it was not given investigation showed the reason to be as follows:—

Born before arrival of midwife	..	..	..	12
Rapid delivery, no time	..	..	..	6
No certificate available—emergency	..	..	..	1
Refused	..	..	..	3
				—
				22
				==

The midwives are not equipped with trilene and in the four cases in which it was administered, it was provided by the doctor.

10. Perinatal deaths in connection with domiciliary midwifery

Every stillbirth and neonatal death in the first week of life is fully

investigated in order to see if any lessons can be learned from it. To give a complete picture it is necessary to include three categories:—

- (1) Deaths at home (5 stillbirths and 2 neonatal deaths).
- (2) Deaths of babies born to mothers admitted to hospital as emergencies in labour (1 stillbirth).
- (3) Deaths of babies admitted to hospital after delivery at home (2 deaths).

Thus, there were 10 perinatal deaths associated with the domiciliary service, giving an overall rate of 16 per 1,000 total births.

Details of these 10 deaths with notes as to their possible avoidability are as follows:—

1 Deaths at home

A. Stillbirths.

(1) *Mother aged 19 years.* First baby. Regular antenatal care by doctor and midwife. Normal pregnancy. Precipitate labour at 36 weeks. Postmortem report: macerated hydrocephalic foetus.

Comment. Unavoidable.

(2) *Mother aged 18 years.* First baby. Antenatal care at hospital. Booked for hospital delivery but very rapid labour at 33 weeks did not allow of time for this. Postmortem report: macerated foetus; very little normal placental tissue.

Comment. Unavoidable.

(3) *Mother aged 36 years.* Twelfth child. Unbooked emergency. Premature labour with slight antepartum haemorrhage and gross hypertension. Refused medical advice to go into hospital. Normal delivery. Stillborn baby of 4 lbs. Postmortem report: intrauterine anoxia.

Comment. Child might have been born alive if mother had received antenatal care and treatment for toxæmia and arrangements made for hospital confinement.

(4) *Mother aged 28 years.* Second baby. First delivery normal. Regular antenatal care by doctor and midwife. Normal delivery three weeks prematurely. Postmortem report: anencephalic foetus with other multiple developmental abnormalities.

Comment. Unavoidable.

(5) *Mother aged 44 years.* Fifth child. Previous pregnancies and deliveries normal, but in view of age and parity, hospital confinement advised but refused by patient. Full antenatal care by doctor and midwife. Version performed satisfactorily at 36 weeks at hospital. Labour 12 hours. Delivery normal. Postmortem report: intraterine asphyxia; intraterine death about 24 hours before birth.

Comment. Possibly unavoidable. Hospital admission at onset of labour would not have avoided this stillbirth and there appears to have been no indication for induction of labour when seen a few days before term.

B. Neonatal deaths.

(1) *Mother aged 37 years.* Sixth baby. Previous pregnancies and deliveries normal. Doctor and midwife booked at 32 weeks; pregnancy proceeded normally and delivery at term uneventful. Baby's condition excellent until third day, several short cyanotic attacks preceding death within a few hours. Certified by Coroner after postmortem without inquest: massive intrapulmonary haemorrhage.

Comment. Unavoidable.

(2) *Mother aged 25 years.* Second baby. First pregnancy and delivery normal. Antenatal care by doctor and midwife. Labour and delivery normal. Child gasped at birth, but respirations never fully established, despite oxygen nasally and by intragastric route, synkavit and nikethamide. Lived 1 hour 10 minutes. Postmortem report: extensive intracranial haemorrhage due to congenital aneurysm.

Comment. Unavoidable.

(2) Deaths of babies born to mothers admitted to hospital as emergencies in labour

(1) *Mother aged 18 years.* First baby. Regular antenatal care by doctor and midwife. Normal pregnancy till antepartum haemorrhage occurred at 37 weeks. Admitted to hospital. Stillborn premature baby delivered.

Comment. Unavoidable.

(3) Deaths of babies admitted to hospital after delivery at home

(1) *Mother aged 37 years.* Third child. Previous pregnancies and deliveries normal. Regular antenatal care by doctor and midwife; normal pregnancy and delivery. Condition of baby unsatisfactory—cyanotic attacks. Admitted to hospital on third day and died aged six days of gross congenital heart lesion and *B. coli* septicaemia.

Comment. Unavoidable.

(2) *Mother aged 39 years.* Seventh child. Previous pregnancies and deliveries normal. Doctor and midwife contacted because of threatened miscarriage at 28 weeks. Refused admission to hospital. Very rapid delivery of a 2 lb. 9 oz. baby at 32 weeks; admitted to hospital by premature baby flying squad; died next day of prematurity.

Comment. This is the type of case, who, because of age and parity should have been under supervision early in pregnancy and booked for hospital confinement although it is impossible to say that, had this been done, the sequence of events might not have been the same.

Summary and conclusion in relation to perinatal deaths.

It appears that of the 10 deaths 7 were unavoidable in the present state of medical knowledge, and in the remaining 3 there is an element of doubt.

11. Resuscitation of the newborn by "Sparklet" oxygen apparatus

The apparatus was used on 7 occasions in 1960. In three of these cases the oxygen was given by the intragastric route, in a further two by the nasal route and in the remaining two by mask. With the exception of the baby who lived 1 hour 10 mins. (already described under neonatal deaths), the oxygen was given in each case with apparent beneficial effect; colour improved and respirations were quickly established, but whether entirely the result of treatment, is difficult to say.

The value of intragastric oxygen is now largely discredited, but administration by other routes may be life-saving, and in the circumstances attending resuscitation of an asphyxiated infant in the home, it is a tremendous help to have the oxygen at hand.

12. Maternal deaths

There was one maternal death in 1960, the first in domiciliary practice in the City for twelve years.

The patient, a woman of 31 years with her second child, had a normal delivery after a pregnancy complicated by nausea and vomiting. Because of a history of toxæmia in her previous pregnancy, confinement in hospital was urged by her doctor, but resisted by the patient. Apart from a mild chest infection which responded to treatment, progress in the early days after delivery was satisfactory. On the sixth day of the puerperium she collapsed and after emergency treatment by the flying squad, was removed to hospital, where in spite of continued intravenous therapy and other restorative measures she died six hours after admission. Post-mortem report: centilobular necrosis of liver, indicating a profound hepatitis so acute as to cause death before the onset of jaundice.

Comment. This would appear to have been a case of fulminating infective hepatitis. It is known that the liver in the pregnant and particularly the parturient woman is especially vulnerable, and although there was no known history of contact with this disease several cases were present in the area at the time.

That infective hepatitis plays a not inconsiderable role in the cause of deaths associated with pregnancy and childbirth is revealed from a scrutiny of the Reports on Confidential Enquiries into Maternal Deaths in England and Wales, where it is shown that 18 deaths from this disease occurred in the years 1952—1957.

13. Emergency obstetric service

This valuable service, which operates from the Nuffield Maternity Home was called to patients attended by domiciliary midwives in the City on 10 occasions during 1960. With the exception of the case described under Maternal deaths every mother made a good recovery. Details of the cases are as follows:—

Postpartum haemorrhage	..	..	..	3
Postpartum haemorrhage and retained placenta				3
Antepartum haemorrhage	..	..	..	1
Delay in second stage	..	..	..	1
Eclamptic fit at 32 weeks	..	..	..	1
Collapse on 6th day of puerperium	..	..		1
				<hr/>
				10
				<hr/>

In no instance was the emergency foreseeable; in all cases the recent haemoglobin was known and apart from two at 70% all were over 80%.

14. Notification by midwives to the Local Supervising Authority

Despite the close partnership between doctor and midwife in the care of mothers delivered at home, the midwife is still obliged by the rules of the Central Midwives' Board to fill in a "medical aid form" when she needs the help of a doctor in cases where he is not present at delivery.

This occurred on 198 occasions during the year. The reasons were as follows:—

(a) *Mother.*

(i) *During pregnancy.*

Antepartum haemorrhage	..	..	..	8
Acute umbilical hernia	..	..	..	1
Eclampsia	..	..	..	1
Epileptic fit	..	..	..	1
Threatened abortion	..	..	..	3
				<hr/>
				14
				<hr/>

(ii) *In relation to labour and delivery*

Antepartum haemorrhage in early labour	..			1
Delay in 1st stage	..	..	..	3
Delay in 2nd stage	..	..	..	16
Episiotomy for suturing	..	..	..	7
Foetal distress	..	..	..	5
Foetal heart not heard	..	..	..	1
High head in labour	..	..	..	1
Hypertension after delivery	..	..	..	1
Breech presentation	..	..	..	2
Breech presentation and premature labour	..			1
Breech presenting—second twin	..	..		1
Uncertain presentation	..	..	..	1
Large fontanelle felt	..	..	..	1
Postpartum haemorrhage	..	..	..	5
Postpartum haemorrhage and retained placenta				2

Premature labour	..	..	..	..	4
Primary uterine inertia	..	..	..	..	1
Retained placenta	1
Ruptured perineum	74
Shock after delivery	1
Spasm at end of 1st stage	1

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(iii) *Lying-in period.*

Bulky uterus	1
Confusion—ill patient	1
Cracked nipple	1
Epileptic fit	..	..	..	..	..	1
Inadequate lactation	..	..	..	..	..	1
Inflamed vein in leg	1
Offensive lochia	2
Pain in leg	1
Puerperal pyrexia	13
Thrombosis	1

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(b) *Baby*

Asphyxia	2
Chest infection	1
Cough	2
Cyanosis	5
Discharging eyes	6
Grunting respirations	1
Jaundiced baby	..	..	..	..	..	..	1
Prematurity	..	..	..	..	..	..	1
Rash	..	..	..	..	..	..	2
Septic fingers	2
Spina bifida	2
Talipes	1
Vomiting	4
Vomiting and jaundice	1

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15. Care of mothers discharged from hospital during puerperium

Mothers are discharged home to the care of the domiciliary midwife before the 10th day only in exceptional circumstances. During the year this occurred on 107 occasions (compared with 136 in 1959 and 118 in 1958).

The reasons were as follows:—

Originally booked by midwife but admitted to hospital for delivery	38
Originally booked by midwife but admitted to hospital during labour	20
To relieve pressure on beds	22
Compassionate grounds (baby died or stillborn)	20
Infection in hospital	2
Mother discharged herself against medical advice	5
	<hr/>
	107
	<hr/>

16. Postnatal care for domiciliary cases

Every effort is made to persuade mothers to go to the doctor providing maternity medical service for a postnatal examination. If this is not achieved by three months after delivery (the statutory limit for inclusion of the examination under the Maternity Medical Service) an attempt is made to persuade the mother to come to an antenatal clinic.

With the co-operation of the health visitors a record is kept of the postnatal care of domiciliary cases. At the end of March 1961 the position was as follows:—

Total deliveries	620
Postnatal examinations carried out	487
Postnatal examinations not carried out	43
Unknown	70
Left Oxford	20
	<hr/>
	620
	<hr/>

Of the mothers in whom the result is known (albeit only according to their own statement) 79% had received a postnatal examination.

17. Training school for midwives

Part II pupil midwives from the Churchill Hospital continued to receive their three months' training with the domiciliary midwives, six of whom are approved to act as teachers by the Central Midwives' Board. The pupils live in the hostel at 82/84 Abingdon Road, which is in the charge of a warden-housekeeper under the direction of the Supervisor of Midwives. In addition to their practical work on the district they attend child welfare clinics, mothercraft classes and antenatal sessions at

doctors' surgeries. During the year 35 pupils were admitted. The C.M.B. Part II examination was taken by 29 pupils, all of whom passed at the first attempt. Pupils attended 478 deliveries on the district (included in the table of deliveries attended by domiciliary midwives).

18. Training of medical students in domiciliary midwifery

Medical students from the Radcliffe Infirmary attended 51 domiciliary deliveries during the year, compared with 54 deliveries in 1959 and 49 in 1958.

19. Postgraduate education of midwives

No member of the staff was due for the compulsory quinquennial postgraduate course during 1960.

Midwives and pupils attend lectures organized (roughly once a month) by the local branch of the Royal College of Midwives.

III. Institutional Maternity Accommodation

Accommodation was provided by the Nuffield Maternity Home and the Churchill Hospital maternity department. Births during the past seven years have been distributed as follows:—

Registered births of Oxford residents occurring in Oxford

	1954	1955	1956	1957	1958	1959	1960
Hospital deliveries ..	857 (61%)	860 (63%)	866 (63%)	924 (65%)	910 (63%)	928 (60%)	914 (60%)
Private Nursing Home ..	67 (5%)	73 (5%)	65 (5%)	22 (1%)*	—	—	—
deliveries ..							
Domiciliary deliveries ..	475 (34%)	436 (32%)	436 (32%)	484 (34%)	535 (37%)	613 (40%)	611 (40%)

* The only private maternity home closed during 1957

The number of visits paid by domiciliary midwives in order to assess the suitability of home conditions for a normal delivery was greater than in any of the five preceding years, as shown by the following figures:—

1950	427
1951	320
1952	357
1953	274
1954	228
1955	208
1956	193
1957	248
1958	341
1959	356
1960	367

The following table shows the source from which the patients were referred in 1960 and the result of the investigation.

Source from which patient referred	Nuffield Maternity Home	Churchill Maternity Department	General practitioners	Total
	38	14	315	367
Recommended for hospital delivery	26	7	176	209
Home confinements arranged	11	5	135	151
Miscarried	1	—	1	2
Left district	—	2	3	5
	38	14	315	367

Home confinements were arranged in 41% of the cases compared with 46% in 1959 and 45% in 1958.

IV. Notifiable infectious diseases associated with Childbirth

(1) Ophthalmia neonatorum

During the year 18 cases were notified; all occurred in institutional confinements.

(2) Puerperal pyrexia

Of the 47 cases notified during the year, 4 occurred in domiciliary confinements.

(3) Pemphigus neonatorum

Two cases were notified during the year; these occurred in institutional confinements.

V. Birth Control

The clinic for City patients requiring contraceptive advice on medical grounds continued to be held at the Radcliffe Infirmary on Monday evenings.

During 1960 there were 39 new patients, 43 were discharged and a total of 393 attendances were made. At the end of the year, there were 263 patients on the clinic register.

Medical indications in new patients:—

Poor general health	4
Poor health associated with frequent pregnancies	23
Poor health and two Caesarian sections	1
Mental illness	3
Mental illness during pregnancy	1
Mental illness during puerperium	1
Recurrent abortion and mental illness of husband	1
Recent obstetrical complications	2
Thyrotoxicosis	1

Congenital heart disease	1
Two hydrocephalic children	1
	<hr/>
	39
	<hr/>

Source of new patients

General practitioners	6
Child welfare clinics	9
Health visitor	18
Midwife	4
Nuffield Maternity Home	1
Radcliffe Infirmary	1
	<hr/>
	39
	<hr/>

Comments on the work of the clinic

Close contact is maintained with every patient on the register. If she fails to keep an appointment, a letter is sent to her and this is followed by a visit from a health visitor if there is no response. If in spite of this the patient still fails to report she is discharged from the clinic. A constant review is kept of the circumstances to see whether each patient still has medical grounds for advice. Of the 43 patients discharged, 16 no longer had medical reasons for attendance. If these patients, and also those leaving the district, still wish to receive help with family planning, they are referred to a voluntary clinic which is run under the auspices of the Family Planning Association.

Patients who find it impossible to attend the clinic when replacements are needed have supplies sent by post. This was requested on 115 occasions in 1960 and in addition, health visitors delivered supplies on a further 28 occasions.

Medical students and student health visitors attended the clinic for instruction in this subject.

B. CHILD WELFARE

(including Health Visiting)

I. The Health Visiting Service

1. Staff

The establishment provides for a superintendent, a senior health visitor, two full-time tuberculosis workers and 16 general-duty health visitors who also act as school nurses.

Full staffing was not reached throughout the year: only 15 of the established posts were filled; there were three long-term illnesses, and until September, a senior member of the staff was seconded to the Population Genetics Research Unit. The heavy strain thus placed on the staff

was however, offset to some extent by the part-time services of a former member of the staff and the help of the student health visitors in the second year of their contract. The availability of car allowances also assists by increasing the mobility of the staff generally, easing the burden of the individual health visitor, and contributes in no small measure to the administration of the service as a whole.

2. Home visits paid by health visitors during the year

The following table shows the visits paid during the year, and includes figures for three previous years for comparison:—

	1957	1958	1959	1960
To expectant mothers	978	1,121	884	959
To children under 1 year ..	12,351	12,268	9,233	8,682
To children between 1 and 2 years	4,997	5,146	4,149	4,135
To children between 2 and 5 years	8,304	8,496	7,122	6,770
To tuberculous households ..	12	7	26	55
To old people	—	—	727	1,090
Other cases	2,096	2,000	1,313	1,152
	<hr/>	<hr/>	<hr/>	<hr/>
	28,738	29,038	23,454	22,843
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
Total number of visits to children under 5 years	25,623	25,910	20,504	19,587
	(i.e. 90% of the total visits)	(i.e. 89% of the total visits)	(i.e. 87% of the total visits)	(i.e. 87% of the total visits)

Comments on these figures

(i) All the visits were “effective” visits. The total number of “no access” visits was 5,437 compared with 4,244 in 1959, 5,837 in 1958 and 5,508 in 1957.

(ii) There was a slight reduction in the total number of visits but a marked increase in the number of visits to old people—1,090 compared with 727 in 1959. Many of these visits, although time-consuming are extremely worthwhile in helping to keep the elderly person mobile in his own home. The health visitor plays an important role where matters of health and diet require attention and in giving supportive help and advice to the family with the difficult elderly relative. Not infrequently she is concerned also with the personal care of the elderly patient before or after his discharge from hospital, an aspect of her work which demands the closest liaison with the hospital almoner, the family doctor and the welfare department.

(iii) The total number of visits to children under 5 years has again decreased, but the proportion of such visits in relation to total visits has remained the same. It is in this age-group that the bulk of routine visiting

takes place, when the health visitor's relationship with the family becomes fully established and prevention is more effectively practised and successfully carried out. Selective visiting for families requiring more help is necessary, but routine visiting, conscientiously done, helps to prevent many families with problems becoming "problem families".

(iv) Visits to tuberculous patients by the two tuberculosis health visitors are recorded in the Infectious Diseases Section of this report. Visits to tuberculous households by other health visitors doubled in 1960, and it is a matter of some regret that those likely to contract the disease in the course of duty—and in one instance, a health visitor did so—are not covered for compensation purposes under the National Insurance (Industrial Injuries) Act 1946.

(v) Work carried out as school nurses is described in the report of the Principal School Medical Officer.

(vi) "Other cases" comprise all visits not included in one of the other categories. They include visits in connection with infectious diseases, postnatal follow-up and visits paid at the request of hospitals and general practitioners.

3. Attachment of a health visitor to a general practice

The attachment of a health visitor to a group of family doctors, started on an experimental basis four years ago, has proved its value, and is now an accepted and established part of the health visiting service. In September 1960, an extension of the scheme to include a further three practices—of two, three and four partners respectively—followed requests from the doctors concerned, for the part-time or full-time services of a health visitor.

In considering the new proposals a trial period of about six months was stipulated for each group, at the end of which time either side might ask that the experiment be discontinued. This has not happened, health visitors and doctors expressing satisfaction with the new arrangement.

In each case the gradual build-up of practice patients has followed a similar pattern; the health visitor accepting responsibility for all new babies born to City mothers on the doctor's list, plus any other family specifically requested by the general practitioner. By the end of six months, two health visitors were working almost full-time for practice patients and the third was attached on a part-time basis to the practice of two doctors.

A drawback in two of the practices is the somewhat limited accommodation for the health visitor and although daily contact is maintained from the Health Department, it is felt that more is to be gained by both doctor and health visitor working nearer, if not actually in the same building. It is hoped that the new clinic premises at Temple Cowley will help to overcome this difficulty.

In addition to general duties connected with practice patients and attendance at child welfare clinics, the health visitors maintain an interest

in school work and each is responsible for certain schools within the practice area. One health visitor continues to attend the weekly asthma clinic and another the paediatric out-patient clinic at the Radcliffe Infirmary.

The regular weekly session held since 1955 by one group of general practitioners for babies and young children in their practice, continued to flourish to such an extent as to outgrow the surgery premises. Following the consent of the City Council in August 1960, this session is now held weekly at the Donnington clinic.

4. Work at child welfare clinics

One or more health visitors were present at all the 1128 sessions of the child welfare clinics held during the year, and also at the 66 sessions held by general practitioners at Donnington and Blackbird Leys.

5. Teaching

The health visitors take part in the professional teaching by the Health Department. Practical instruction is given to student health visitors attending the Oxfordshire County Council's Training School, medical students, pupil midwives, student district nurses and nurses in training at the Radcliffe Infirmary. In addition, social science students and nurses from the Nuffield Orthopaedic Centre are given a brief outline of the work of the health visitor.

6. Refresher courses

Although it is not a statutory requirement, an effort is made to send members of the staff to a refresher course every 5 years. During 1960, one health visitor attended a fortnight's course run by the Women Public Health Officers' Association at Nottingham and three others attended a week's course on Family Psychiatry organised by the East Anglian Regional Hospital Board at Ipswich.

7. The assisted training scheme for health visitors

This scheme, which has been in operation for eleven years, has proved invaluable as a source for new recruits to the health visiting service. In recent years, however, there has been increasing difficulty in obtaining suitable applicants, and only after repeated advertisements, was it possible to fill the five vacancies for the course beginning in September, 1960. It was felt, therefore, that there were grounds for reviewing the scheme which has remained unchanged since its inception in 1949, with the object of ensuring that it compared favourably with other areas.

As a result, the City Council in November 1960 approved a revised assisted training scheme whereby the student is now paid 85% of the minimum salary of a health visitor during training; the full minimum salary for the next twelve months, and one incremental addition for the remaining five months of the two-year contract period, in addition to a

grant towards expenses (other than board and lodging) incurred during the seven months training period.

The contracts of the four students who started in September 1959, were varied so as to bring them into line with the revised conditions.

II. Child Welfare

1. Premature babies

During 1960 there were 62 live births of premature babies weighing $5\frac{1}{2}$ lbs. and under and 17 stillbirths. These are notified births corrected for inward and outward transfers. (Corresponding figures for 1959 were 88 live births and 12 stillbirths). Their weights, place of birth and survival are shown in tabular form.

Comments

(i) The 62 live-born premature babies represent 4.1% of the 1507 notified live births to Oxford residents. This figure is well below the national level which was 6.7% in 1959 and 6.8% in 1958.

(ii) Of the total 24 notified stillbirths to Oxford residents, 17 were premature.

(iii) The figures show that the policy has again been followed of arranging that as many as possible of the premature births should take place in hospital. Only 13 of the 62 took place at home. Of these, 11 nursed at home survived 28 days and one of the two admitted to hospital survived 28 days.

(iv) The arrangements made with the Radcliffe Paediatric Department for sharing the follow-up of premature babies were described in detail in the report for 1959. The scheme whereby the Health Department is responsible for the supervision of the normal larger premature baby, is working smoothly; the necessary data required by the paediatric department is recorded and a progress report, including the result of haemoglobin estimations is sent to the family doctor every six months until the child is two years.

2. Child welfare clinics

(a) Staff

Each clinic is staffed by a medical officer, one or more health visitors and a number of voluntary workers.

The medical staff is composed as follows:—

Full-time staff of the Health Department	10 sessions per week
Part-time staff of the Health Department not in general practice)	9 sessions per week
General practitioners	3 sessions per week

(b) The attendances at clinics during the year are shown in tabular form. An attendance is recorded only if a child comes for advice, for weighing or to see the doctor. Thus attendances merely for obtaining National Welfare Foods are excluded.

Weight, place of birth & survival of premature babies (corrected notifications 1960)

Weight at birth	PREMATURE LIVE BIRTHS								PREMATURE STILL-BIRTHS	
	Born in hospital			Born and nursed entirely at home			Born at home and transferred to hospital on or before 28th day		Born in hospital	Born at home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth		
3 lb. 4 oz. or less	4	1	3	—	—	—	1	1	7	1
3 lb. 5 oz.—	12	1	11	—	—	—	1	—	6	2
4 lb. 6 oz.	12	1	11	—	—	—	—	—	1	—
4 lb. 7 oz.—	21	—	21	11	—	11	—	—	—	—
4 lb. 15 oz.										
5 lb.—										
5 lb. 8 oz.										
Totals	49	3	46	11	—	11	2	1	14	3

The fact that clinics are appreciated is shown by the number of City children under 1 year who attended City clinics for the first time during the year. These represent 96% of the registered live-births. Figures for the last five years are as follows:—

1956	89%
1957	87%
1958	91%
1959	92%
1960	96%

The attendances made by children under 1 year shown a slight increase compared with 1959. Attendances in the other two age-groups dropped slightly.

The clinic on the Blackbird Leys Estate was held in temporary premises until May 1960 when more spacious accommodation at the Health Centre made it easier to meet the increasing number of attendances and the needs of the new area.

Attendances at Child Welfare Clinics

No. of children who first attended and at their first attendance were under 1 year	Number of children who attended and who were born in			Total No. of children who attended during the year	No. of attendances made by children who at their first attendance were			Total attendances	Number of sessions	Average attendances
	1960	1959	1958-55		Under 1 yr.	1 but under 2 yrs	2 but under 5 yrs			
Bury Knowle, Headington (2 clinics weekly)	185	169	177	511	2475	442	566	3483	104	33.49
Barton	56	39	92	184	897	231	141	1269	52	24.40
Cowley (2 clinics weekly) ..	68	65	111	265	1463	266	182	1911	100	19.11
East Oxford (2 clinics weekly)	166	132	101	390	2375	505	205	3085	100	30.85
New Hinksey	69	61	78	183	1270	218	232	1720	52	33.08
St. Ebbe's (2 clinics weekly)	125	105	126	350	1633	481	308	2422	100	24.22
Summertown	124	96	107	293	1445	315	121	1881	52	36.17
Slade Park (2 clinics weekly)	132	118	178	435	1715	440	302	2457	104	23.62
New Marston	60	50	97	206	928	251	180	1359	52	26.13
Wolvercote	65	52	44	133	1065	219	66	1350	52	25.96
Donnington (2 clinics weekly)	124	109	167	406	2094	422	385	2901	104	27.89
G.F.S. Hall, Woodstock Road (2 clinics weekly)	134	120	155	400	1745	400	239	2384	100	23.84
Northway	65	57	85	197	1078	236	100	1414	52	27.19
Rose Hill Community Centre	31	29	57	116	575	186	150	911	52	17.52
Blackbird Leys	110	105	240	477	1717	418	392	2527	52	48.59
	1514	1307	1815	4546	22,475	5030	3569	31,074	1128	27.54
General practice clinics—										
Donnington	63	56	33	165	955	101	49	1105	52	21.25
Blackbird Leys	4	4	13	27	96	18	30	144	14	10.28

The following figures indicate the attendances made by children (included in the above table) who lived in the County and attended the Slade Park and Barton Clinics.

Most of the children attended the Slade Park clinic. Oxfordshire County Council contributed on a proportional basis to the running expenses of this clinic.

(c) Medical work at clinics

The medical officers at child welfare clinics continued to keep a record of their work. There were 1128 sessions at which a doctor was present and altogether children under 5 years were seen by a doctor on 16,296 occasions. In addition expectant and nursing mothers and children over 5 years were seen on 2,811 occasions, mainly for injections of poliomyelitis vaccine.

The following table gives a summary of the reasons for which they were seen by a doctor.

Vaccination against smallpox (performance or follow-up)

	2084		45% in 1955
Triple antigen injections	3511	61%	43% in 1956
Other prophylactic injections	329		39% in 1957
Poliomyelitis vaccine injections—			61% in 1958
under 5 years	3821		66% in 1959
over 5 years	2528		

Routine medical inspection—

first	1413	17%	25% in 1955
subsequent	1873		24% in 1956
			26% in 1957
			16% in 1958
			14% in 1959

Consultation in relation to a problem

Follow-up of medical inspection or consultation

3103	22%	30% in 1955
		33% in 1956
		35% in 1957
1360		23% in 1958
		20% in 1959

(An individual consultation may figure in more than one category; for example a child may come for a routine birthday examination and be immunised at the same time).

The routine medical inspections brought to light a number of conditions not already receiving attention but requiring either treatment or further observation. They were classified as follows:—

	<i>First inspection</i> (usually in early weeks of life)	<i>Subsequent inspection</i> (usually at 1st, 2nd, 3rd and 4th birthday)
Nutritional and dietetic	162	49
Eyes.. .. .	46	18
Ear, nose and throat	25	39
Umbilical	111	13
Genital organs	52	50
Pallor	12	23
Orthopaedic	36	76
Skin	131	47
Miscellaneous	95	113
	<hr/> 670	<hr/> 428
	<hr/>	<hr/>

The following table gives a summary of the nature of the problems about which the mother originally sought advice from the doctor or paid a follow-up visit:—

	<i>Consultation</i>	<i>Follow-up of inspection or consultation</i>
Feeding problems and gastro-intestinal conditions (including failure to gain weight) ..	673	392
Mental and psychological	66	27
Eyes	183	91
Ears	153	41
Respiratory system	398	49
Mouth	118	50
Pallor	76	143
Sleep	153	66
Skin	547	162
Orthopaedic	130	82
Genital organs	102	64
Umbilicus	67	96
Prematurity	20	68
Trauma	59	2
Fitness for prophylactic procedure	249	18
Mother's health	141	16
Miscellaneous	177	88
	<hr/>	<hr/>
	3312	1455
	<hr/>	<hr/>

The following table shows the number of children who were referred elsewhere for treatment:—

Family doctor	78
*Eye hospital	4
*Other hospital departments	10
	<hr/>
	92
	<hr/>

*In these cases the family doctor is always informed of the referral and the consultant's findings.

Comments.

Comparison of the figures for 1960 with those for the five preceding years shows a striking increase in the proportion of prophylactic procedures among the "reasons for seeing the doctor". This reached a peak of 66% in 1959 and corresponded with the height of the poliomyelitis vaccination campaign in that year.

While the regular attendance at clinic during the first year of life continues to be satisfactory, the need for regular, if less frequent medical examinations for the toddler until he goes to school still needs to be urged. The number of "birthday" or subsequent examinations was slightly lower—1873 compared with 1911 in 1959.

Very few defects not previously recorded were found in school entrants—only three such instances came to light during the year—all in children who had failed to attend for birthday examinations.

Tuberculin jelly testing

Throughout the year routine jelly testing was carried out at each birthday examination (except in children who are known contacts of tuberculosis). Positive reactions were found in 0.29% of the children tested.

Figures from 1951 when routine testing was started are as follows:—

1951	0.54%
1952	0.32%
1953	0.45%
1954	0.54%
1955	0.10%
1956	0.12%
1957	0.12%
1958	0.06%
1959	0.13%
1960	0.29%

The following table shows the tests performed during the year:—

	Under 1 year	1 year	2 years	3 years	4 year	Total
Negative reaction ..	245	667	396	252	112	1672
Positive reaction ..	—	1	3	—	1	5
Totals	245	668	399	252	113	1677

Comments

Of the five positive reactions, only one was confirmed by a positive Heaf test. The remainder—3 in children of 2 years and one in a child a year old must be classed as false-positive jelly tests—giving a rate of 0.06% of confirmed positive reactions. The positive reactor was a girl of 4 years who had a negative jelly test on her 1st, 2nd and 3rd birthdays, and whose 4th birthday examination was carried out exactly a week before the family moved from Oxford. Investigation of the family for a possible source of infection was therefore not possible, but all relevant information was immediately forwarded to the Health Department of the new area.

Loan of test-feeding scales

Accurate scales are loaned to mothers with breast-feeding problems for use at home at the request of general practitioner, clinic doctor, health visitor or midwife. This occurred on 144 occasions in 1960.

(d) Food and medicaments

National Welfare Foods are distributed during office hours at a central distribution centre at the Health Department, as well as at every child welfare clinic session and at the voluntary Mothercraft Clinic.

The City Council is extremely fortunate in having the services of voluntary workers who carry out the exacting task of distributing these foods, as well as performing many other important duties, at all the clinics.

The number of items of Welfare Foods distributed during the year (with 1959 figures for comparison) was as follows:—

	At Health Department		At Clinics		Total	
	1959	1960	1959	1960	1959	1960
Tins of National Dried Milk	14,413	11,531	24,109	22,455	38,522	33,986
Bottles of National Cod-liver Oil Compound...	1,682	1,649	5,433	5,164	7,115	6,813
Bottles of Concentrated Orange Juice ...	19,791	17,268	43,343	41,217	63,134	58,485
Packets of Vitamin and Mineral tablets ...	2,975	2,711	3,751	4,102	6,726	6,813
	38,861	33,159	76,636	72,938	115,497	106,097

(These figures do not include items issued to hospitals or other institutions.)

With the exception of vitamin and mineral tablets there has been a marked decrease in the number of items distributed since 1957. Factors responsible at that time were thought to be the increased cost of National Dried Milk, the reduced dosage of codliver oil compound and the reduction in the age of eligibility for orange juice from 5 to 2 years. It is anticipated that a further reduction will take place with the introduction of the new charges recently proposed by the Ministry of Health, and which will take effect as from June 1st, 1961.

During the year 435 tins of National Dried Milk were issued free of charge in cases of financial hardship.

No proprietary dried milk or other food is stocked at the clinics, but a small range of minor medicaments is kept for issue to mothers when necessary. This includes ascorbic acid tablets and a vitamin A and D concentrate for premature babies up to the age of six months, and two iron preparations for the prevention and treatment of nutritional anaemia.

(e) Teaching of medical students

Medical students from the Radcliffe Infirmary, on the completion of their five months' training in obstetrics and gynaecology, each attend four sessions at child welfare clinics in order to receive instruction in child care, infant feeding and the various prophylactic procedures. The visits are preceded by two lectures on infant feeding given by the Senior Assistant Medical Officer for Maternity and Child Welfare.

In addition, general practitioners attending post-graduate courses organised by the Post-graduate Medical School, may also attend a child welfare clinic. This occurred on 8 occasions in 1960.

(f) Liaison with paediatric department

Two health visitors each attend a weekly paediatric session at the Radcliffe Infirmary, an arrangement which forms a most useful link between the preventive and curative services for young children. In addition any assistant medical officer may attend the post-graduate paediatric ward-round on Saturday mornings. This provides an excellent opportunity for keeping abreast with current paediatric practice.

(g) Liaison with the psychiatric services

Departmental medical officers and health visitors attend the weekly lectures or case conferences held at the Warneford Hospital during the University terms. Health visitors also attend the monthly case conferences at Littlemore Hospital and have frequent contact with the psychiatric social worker at the Child Guidance Clinic. This liaison with the psychiatric service is of great value to all members of the department.

3. The early ascertainment of handicapped children

Since June 1954 the Senior Assistant Medical Officer for Maternity and Child Welfare has kept a register of potentially handicapped babies. Initial notification is provided by the health visitors and the progress and needs of each case are discussed at intervals by the Senior Assistant Medical Officer and the health visitors concerned. It is hoped that in this way the Department's contribution to providing support for the parents of these children can be ensured.

Information about these children is passed to the School Health Service or to the Mental Welfare Section when it becomes clear that some special action will have to be taken. In this way it is hoped to ensure that no handicapped child reaches school age without previous assessment of his special needs.

During the year 23 new cases were registered. The nature of the handicap was as follows:—

Absence of left forearm and hand	1
Absence of 2 fingers and deformity of left forearm ..	1
Mild arthrogypsis, multiplex congenita	1
Congenital abnormality of ears	1
Congenital heart	5
Cretin	1
Erythrognathia imperfecta	1
General retardation	1
General retardation, suspected blindness	1
Suspected hydrocephaly	2
Mental retardation	3
Mental retardation and slowness of speech	1
Mongol	2
Spina bifida	1
Spina bifida with meningocele	1
	—
	23
	==

At the end of the year four of these children had died, one was admitted to the Special Unit at a Children's Convalescent Hospital; the rest were all still at home receiving good care.

4. Accidental poisoning

We are indebted to Dr. T. H. Hughes-Davies, locum senior paediatric registrar at the Radcliffe, for the following report of children admitted to hospital during the year for suspected accidental poisoning:—

"In 1960 fifty-four of the 114 poisoned children seen at the Radcliffe Infirmary were from the City. As many others may never have seen a doctor, or have been treated at home, detailed deductions from the figures may be erroneous.

Accidental poisoning, except by plants or in company, is unusual over the age of four, and may then be a sign of backwardness. The great majority of cases were due to the unbridled curiosity and lightning opportunism of toddlers, and hearing the mothers one can only wonder that there were not more. Poisoning is rare while the children are confined by closed doors and short days, and increases as the evenings lighten and the family's activities spread; thus only 6 cases occurred between January and March, while there were 17 during the three summer months. The kind of poison has its season too. Ten of the thirteen paraffin, turpentine and paint group, occurred about the Easter and August holidays, while miscellaneous drugs were taken at the beginning of winter (11 of 15 cases occurred in the last three months of the year). There was a small run of poisoning by household cleaners such as bleach, window cleaner

and polish in May. The 14 cases of aspirin poisoning were fairly evenly distributed.

Although most of the incidents were understandable, a few were less forgivable. One child ate ill-wrapped samples of iron pills dropped through an unguarded letter-box.; another's mother was prompted to take sodium acetyl salicylate instead of sodium lactate by an assistant who did not say that this was aspirin or find that it was for a five-month old baby.

No children died; the most worrying three had taken aspirin, iron pills and lime. The unreliability of histories was illustrated by a boy found chewing a harmless puff-ball who proved to have quite severe aspirin poisoning; and any suspicion of poisoning must always be taken seriously. Cleansers without a clue to their composition, and uselessly labelled pills and medicines were, as always, a needless source of irritation and danger."

5. Infant deaths in 1960

CAUSES OF DEATH	WEEKS				Total	MONTHS				Grand Total	Died in institutions
	0-1	1-	2-	3-4		1-	3-	6-	9-12		
1. Prematurity (with or without atelectasis)	3	—	—	—	3	—	—	—	—	3	3
2. Atelectasis and left diaphragmatic hernia	1	—	—	—	1	—	—	—	—	1	1
3. Fibrocystic disease of the pancreas ..	1	—	—	—	1	—	—	—	—	1	1
4. Meningitis	1	—	—	—	1	—	—	—	—	1	1
5. Birth Injury	1	—	—	—	1	—	1	—	—	2	2
6. Congenital malformations	5	—	—	1	6	4	1	1	—	12	9
7. Broncho-pneumonia	—	—	—	—	—	1	1	—	—	2	2
8. Staphylococcal pneumonia and skin infection ..	—	—	—	—	—	1	—	—	—	1	1
9. Virus infection and heart failure ..	—	—	—	—	—	—	1	—	—	1	1
10. Bronchiolitis and acute bilateral otitis media ..	—	—	—	—	—	—	1	—	—	1	—
	12	—	—	1	13	6	5	1	—	25	21

Comments

The 25 deaths of infants under one year represents an infant mortality rate of 16.07 compared with the national rate of 21.7.

Neonatal deaths, with one exception, were concentrated in the first week of life and accounted for almost half of the total infant deaths compared with a proportion of two-thirds in previous years.

The general pattern of the causes of death differed slightly; prematurity accounted for only 3 deaths, but congenital defects ranked high and was the cause of death in 14 cases. There were 6 deaths from infection—5 in infants between 2 and 4 months, with respiratory disease, and in 3 of these, death was due to a fulminating broncho-pneumonia. It is significant that these five deaths all occurred during the late autumn and winter months and in families where there were toddlers and young children of school age.

6. Nurseries

(a) Day nurseries

The two day nurseries continued to provide a much appreciated service for the needs of children under the age of 3 years, who cannot be cared for adequately in their own homes, because of some special difficulty.

The decision to admit a child is the responsibility of one of the assistant medical officers of health who investigates the case fully and sanctions admission only if it is considered to be in the best interests of the child.

Reasons for admission of new children during 1960 were as follows:—

	<i>Botley Road</i>				<i>Florence Park</i>			
Bad housing				7				3
Doctor's recommendation				1				3
Illegitimate children				13				11
Illness of parent.. .. .				7				8
Parents separated				5				8
				—				—
				33				33
				==				==

“Bad housing” covers a number of reasons, from the sharing of accommodation and overcrowding, to restriction clauses in a tenancy agreement, conditions which are not conducive to the maintenance of good family relationships, but rather to increased domestic tension, repression of the child and to behaviour difficulties of many kinds. “Doctor’s recommendation” includes rest for the expectant mother, particularly in the latter weeks of pregnancy; emotional stress in the mother, and for observation purposes when certain features throw doubt on a child’s physical or mental development.

Details of attendances and staffing during the year are given in the following table:—

	No. of places available at end of year	No. of admissions during year		No. on register at end of year		Average daily attendance		Number of staff at end of year
		Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	
Botley Road	30	27	6	15	16	12.30	10.57	4
Florence Park	30	25	8	15	15	10.87	12.23	4

Comments

The nurseries are visited weekly by the same assistant medical officer of health, who supervises the health and welfare of the children and, with the consent of the mothers, carries out any immunisation procedures where necessary.

In spite of the outbreak of measles in the City, both nurseries escaped the epidemic.

The maximum charge of a child's maintenance at the nursery was increased from 11/6 to 12/9 per day on the 1st January, 1961, based on the actual cost to the City Council. Parents are assessed according to income subject to a minimum charge of 1/- per day.

The following table shows the assessments for children on the register at 31st December, 1960.

<i>Assessed to pay</i>		<i>Botley Road</i>	<i>Florence Park</i>
11/6 per day (maximum)	..	—	3
8/6 per day .. ..	..	1	—
6/6 to 2/7 per day .. ..	..	8	7
2/6 to 1/1 per day .. ..	..	6	8
1/- per day (minimum) ..	..	13	5
		—	—
		28	23
*Children from other Authorities ..	..	3	4
		—	—
		31	27
		==	==

*In these cases the County authority is responsible for the payment of the full cost.

Both nurseries provide training facilities for students attending the Education Department's course for the National Nursery Examination Board Certificate.

(b) Nurseries and Child Minders Regulation Act 1948

Details of registration under the Act are shown in the following table:—

	Number registered at 31.12.60	Number of children pro- vided for
Premises	6	137
Daily Minders ..	2	14

(c) Red Cross Creche

The creche, staffed by the British Red Cross Society, continued to operate at the Alexandra Court clinic on Friday afternoons from 2—5 p.m. The average attendance during the year was 18.

7. Co-ordinating committee for children neglected or ill-treated in their own homes

This Committee, under the Chairmanship of the Children's Officer, met every six weeks during the year and a total of 47 families were discussed, many of them on several occasions. In addition, case-conferences of the individual workers concerned, including the family doctor and health visitor, were held on a few special occasions.

The meetings are of value, in so far as information is pooled and an agreed policy regarding procedure reached. Wherever possible, co-ordinated action is aimed at obtaining the most effective help and guidance for the family under review.

8. Care of illegitimate children

There were 137 registered illegitimate live-births to Oxford residents in 1960. This represents 8.8% of all live-births compared with 7.4% in 1959 and 8.2% in 1958.

Of the 113 births which occurred in the City there were 28 cases where the father and mother registered the birth together—so that in a fair proportion of cases the parents may be said to be living in "stable union". It is the woman without support who gives concern, and in particular the very young girl whose extreme youth makes her incapable of supporting or appreciating the responsibility of motherhood.

The City Council, aware of the dangers inherent in such a situation for both mother and child, provides a mother and baby hostel for unmarried mothers who are homeless, and a special social worker to help the mothers of illegitimate babies.

(i) Mother and baby hostel

Mothers are admitted at the request of various social workers when the need arises, either in pregnancy or when the baby is born. They stay until they have had an opportunity, with the help of the social worker concerned, to work out at leisure the most promising plan for the baby's future care. The mothers are responsible for their babies' care, under supervision, except when they are out at work—which is usually on a part-time basis.

When vacancies occur at the hostel, cases are admitted from other Local Health Authorities, who are responsible for the full cost of maintenance. (Thirteen such cases were admitted from Oxfordshire County Council in 1960).

There is an annexe, consisting of a single room and toilet facilities, which is intended for overnight emergency accommodation for a homeless woman with or without a baby. There were 16 admissions to the annexe during the year.

It is satisfactory to note that of the 20 City mothers discharged in 1960, 12 left with their babies with every prospect of keeping them and caring for them.

Admissions and discharges during the year (excluding the annexe) were as follows:—

	<i>Admissions</i>	<i>Discharges</i>
Mothers	37	31
Babies	31	27

The average length of stay was as follows:—

Antenatal	6½ weeks
Postnatal	5½ weeks

The disposal of the 20 City mothers with illegitimate babies discharged during the year was as follows:—

Discharged with every prospect of keeping baby and giving it adequate care (i.e. own home, resident post, marriage, etc.) ..	12
Mother to own home, baby to adopters	3
Mother to own home, baby to foster home	1
Mother to own home,—baby stillborn	2
Mother to resident post, baby taken into care by Children's Department	1
Mother to hospital to complete training, baby to residential nursery	1

(ii) Provision of a special social worker

The City Council pays an annual grant to the Oxford City Moral Welfare Association (£400 in 1960) for the services of their moral welfare worker, who works in close co-operation with the Health Department and attends the monthly meetings of the House Committee which administers the hostel. We are grateful for the following report submitted by the worker, Miss C. C. Holman, for 1960:—

“There were 103 new cases referred during 1960. Of these 87 were illegitimacy problems, 10 family problems and 6 were girls with personal and moral problems apart from maternity. These were referred to me by doctors, almoners, health visitors and midwives, employers, friends, clergy and other social workers. Referring first to the maternity cases:

The age-range was from 14—42 years, the highest proportion being in the 18—21 group (35 cases), while 18 others were under the age of 18.

Fifty had their home in this area, the remainder having come to Oxford to work from other areas. All were British save 5, of whom 3 came from the British West Indies.

Eighty were single, 5 married and 2 divorced at the time of referral. A very wide range of employment included 16 clerical workers, 11 shop assistants and 11 domestic workers, 9 were nurses, including those who were still in training.

Apart from the new cases, 63 referred in previous years were “active” during 1960. Considering these, together with the new cases, I find that at the end of 1960 there were 65 cases in which the child was still living with its natural mother. In 14 of these the mother is now married, but

in 8 of these cases the husband is not the father of the child. In 5 other cases the child lives with grandparents and the mother visits, and 4 are in voluntary children's homes.

Twenty-seven babies have been placed for legal adoption, mostly through the Diocesan Adoption Society.

I spend considerable time in encouraging the fathers of the children to accept a measure of responsibility, and in 23 cases the man agreed to give financial help on a voluntary basis. Such payments are usually made through my office. In 8 other cases the girl obtained an affiliation order against the man.

The age-range of the men was from 17—52 years, and 18 of them were known to be married men. Twelve were Americans, 4 West Indians.

There are very many of the girls who appear to have a poor relationship with one or both parents, and few of them seem able to talk on easy and intimate terms with their own mothers. The inability or unwillingness of parents to give adequate sex teaching in which knowledge of the physical facts of sex is combined with the social and moral responsibilities of sexual behaviour is very marked. The embarrassment with which adolescents appear to meet such efforts as their parents make in this direction adds confusion all round. I should like to hear of far more group discussions among parents, teachers and adolescents in order to try to resolve this dilemma. Too many pin their faith on such knowledge as they have in the conviction that they can avoid pregnancy and believe that pre-marital chastity is neither to be desired nor recommended. Those of us who believe this to be a false assumption need to consider carefully how we can make our standards intelligible and acceptable to many of the younger generation.

The non-maternity cases included a number of people who needed support and help in personal problems. Among other cases referred to me by doctors, clergy and friends of the patients were 'teen-age girls whose behaviour was causing anxiety to their parents, others were problems concerned with family relationships where debt, illness and misunderstanding had created tension, and several were people who had suicidal tendencies. In the last group, close co-operation with medical advisers is accepted as most important.

I addressed 12 meetings and attended 49 others. I had full use of a car during the greater part of 1960, and this has proved a tremendous asset. The provision of the car, and excellent living and office accommodation, together with secretarial assistance ensures that the maximum amount of time is available for those who seek our help.

The constant interest and "caring" of Committee members, particularly the officers, is a great strength, and for this and the ready co-operation of the City Health Department and other statutory services I should like to express my thanks."

SECTION VI

MATERNITY AND CHILD WELFARE DENTAL SERVICE

THE REPORT OF THE CHIEF DENTAL OFFICER

Fewer patients requested dental treatment under the Maternity and Child Welfare Scheme in 1960, no doubt reflecting a decline in the use made by the public of other facilities provided under the Scheme in Oxford, in favour of those offered by private doctors and dentists under the National Health Service.

It is particularly important that the habit of regular visits to the dentist should be formed early in life and, for this reason, Medical Officers and Health Visitors strongly advise parents who do not already take their small children to private practitioners to avail themselves of the services of the dental clinic.

Health Education must always emphasise, as the surest means of checking dental disease in time, that children of 3 years of age should already be visiting the dentist for regular periodic inspections of their teeth.

Unfortunately, many parents still feel this to be too tender an age to make the acquaintance of the dentist and prefer to delay until dental disease has done irreparable damage before they seek advice.

(a) Numbers provided with dental care

		Examined	Needing Treatment	Treated	Made dentally fit
Expectant and nursing mothers Children under five	..	2	2	2	2
	..	10	6	6	6

(b) Forms of dental treatment provided

		Extrac- tions	General anaes- thetics	Fillings	No. of inlays	No. of crowns	Scalings and gum treatment	Radio- graphs	Silver nitrate treatment	Dentures	
										Complete	Partial
Expectant and nursing mothers Children under five	..	3	—	9	—	—	2	—	—	—	—
	..	9	—	2	—	—	—	—	3	—	—

SECTION VII

MENTAL HEALTH

Report by G. F. WILLSON, M.D., D.P.H.,
Deputy Medical Officer of Health

1. Administration**(a) Mental Health Sub-Committee**

Constitution of the Mental Health Sub-Committee of the Health Committee, which meets monthly, consists of 8 members of Council and 2 co-opted members.

(b) Staff*(i) Medical*

The Medical Officer of Health has delegated to his Deputy the day-to-day supervision of the Section and the Deputy Medical Officer of Health attends the meetings of the Mental Health Sub-Committee.

(ii) Non-Medical

- 1 Senior Mental Welfare Officer (male), full-time;
- 2 Mental Welfare Officers (1 male, 1 female) full-time;
- a third officer (male) was appointed as from 1.1.61;
- 1 Clerical Assistant (female) full-time.

These officers undertake the social and community care for both subnormal and mentally ill patients. A rota of duty has been arranged so that one mental officer is always available to deal with emergencies. There is an arrangement for mutual help between mental welfare officers of the City and County of Oxford to cover such factors as holidays and illness.

(c) Co-ordination with Hospitals

The Management Committees of Littlemore Hospital and of the Warneford and Park Hospitals each contain two members of the Mental Health Services Sub-Committee. The Medical Officer of Health is a member of the Warneford and Park Hospitals Management Committee and the Deputy Medical Officer of Health is a member of the Littlemore Hospital Management Committee.

The mental welfare officers have continued to attend regularly at out-patient clinics, case reviews and clinical meetings at the Warneford Hospital and we are most grateful to Dr. McInness and his staff for making these facilities available.

The mental welfare officers have also continued to provide after-care for certain patients discharged from Littlemore Hospital at the request of the consultant concerned. At the invitation of Dr. B. M. Mandelbrote mental welfare officers and health visitors are able to attend regularly

at case conferences and are also free to visit at any time patients in whom they have a particular interest. Knowledge is thus gained of patients for whom after-care may have to be provided in the future, and information can be exchanged with regard to the social background of patients being considered for discharge.

(d) Duties delegated to Voluntary Associations

No duty of the local authority has been delegated to voluntary associations.

The City Council continues to make a grant to the Oxford Voluntary Association for Mental Health and has also made a grant to the National Association for Mental Health.

(e) Training of Mental Welfare Officers

A most important aspect of this training has been considered in paragraph (c) above. There is no doubt that the close degree of co-operation now being achieved between the local authority and psychiatric hospitals, resulting in a friendly and informal association with psychiatrists and many other hospital workers, is most beneficial. More thorough participation in the care of the mentally disordered stimulates interest and leads to increase in knowledge and efficiency.

In addition, the senior mental welfare officer attended the annual conference of the National Federation of Mental Welfare Officers and another officer attended the annual conference of the National Association for Mental Health.

2. Account of work undertaken in the Community

A. Under section 28, National Health Service Act, 1946

Prevention, care and after-care.

The scope of this work is increasing steadily as a result of the increased emphasis on community care brought about by the Mental Health Act, 1959. At the request of the family doctor, the mental welfare officers visit patients in their homes to establish friendly relations and to estimate the extent and nature of the help required. Should the patient be admitted to hospital the previous establishment of a good relationship with the mental welfare officers is of great value when the patient is discharged and in need of further assistance. The amount of supervisory work increases both because many persons mentally ill are now treated as out-patients and because of the much more rapid turnover of patients admitted to hospital. Earlier and more effective treatment in hospital is lessening the need for prolonged care and the active rehabilitation of the long stay patients is making an increasing number of them fit for care in the community. Responsibility for this care is divided between the hospital psychiatric social workers and the local authority mental welfare officers by mutual arrangement according to the type of case involved.

B. The Mentally Ill

(i) *Patients admitted and discharged from hospital.*

Direct comparison with the preceding year is possible only until the end of October at which time the new Mental Health Act became fully operative. The figures given below relate, therefore, to the first 10 months of each year.

<i>Admissions (Jan. to Oct.)</i>					1959	1960
Certified	..	..	..	..	9	5
Section 20	..	..	..	..	167	104
Voluntary	..	..	..	..	135	4
Informal	..	..	..	..	20	143
Temporary	..	..	..	..	6	0
Section 21 (i)	..	..	..	..	0	1
					<hr/>	<hr/>
					337	257
					<hr/>	<hr/>

The most noteworthy features in this analysis are the remarkable diminution of the admissions under compulsion during 1960 (62% of the 1959 figure) and the great increase in the number of patients admitted informally at the expense of both voluntary and compulsory admissions, showing that the spirit of the Act was being followed before it had become law. It should be noted, however, that in both years the number of informal admissions was rather greater than the figures indicate since no advice is received concerning such admissions to the Warneford Hospital.

Admissions during November and December 1960 may be classified as follows:

Under Section 25 (admission for observation on 2 medical certificates)	..	..	..	..	..	..	..	7
Under Section 29 (emergency admission on 1 medical certificate)								4
Under Section 60 (admission via court of assize or quarter sessions)								1
Informal	..	..	..	..	..	..	..	50

Discharges

A total of 318 City patients are recorded as having been discharged from hospital during the year compared with the total of 319 admissions. Since the admission of 16 out-county patients transferred from the United Oxford Hospitals is recorded but not their discharge (discharge notices being sent to the local authorities concerned) and also since notice is not received of those patients discharged from the Ashhurst Clinic, the total number of discharges during the year did in fact appreciably outnumber the total admissions.

(ii) Old Age and Mental Illness

The number of admissions of persons over the age of 60 was 52 compared with 78 admissions the previous year. 35 of them were admitted as informal patients and less than one-third as emergency admissions under compulsion. The desirable trend shown in these figures (the total admissions being the lowest since 1950) is in part a reflection of the willingness of Cowley Road Geriatric Hospital to accept old persons suffering from senility and confusion. The transfer of patients between this hospital and Littlemore Hospital, in either direction, is greatly facilitated by the close liaison of the consultant staff concerned. In addition, every effort is made to keep cases of senile mental deterioration at home whenever possible by maintaining close liaison between the two hospitals mentioned and the Mental Health and Welfare Departments of the Local Authority.

The new conception of community care implies that the local authority must make provision for the elderly mentally confused who have neither homes of their own nor relatives able to look after them. When attention was first given to this after publication of the Royal Commission's Report in 1957, it appeared that care of the elderly would prove the major function of any hostel accommodation provided by the local authority. A recent appraisal has, however, shown both the nature and extent of the need to be different from that first envisaged.

The new attitude, which is directed towards only maintaining in hospital those patients actually needing treatment or the special care and services available there, has resulted in a number of old people being discharged to the care of relatives or friends or otherwise being helped to support themselves in the community. The few remaining elderly hospital patients fit for discharge would, it is considered, settle without difficulty into ordinary Part III accommodation providing that the numbers of those showing any obvious mental abnormality were kept very low in any one home. It is clear that each admission would need to be carefully chosen for each individual home and that the initial period should be regarded as one of trial. Although a few such admissions have already been effected the shortage of Part III accommodation has so far greatly hampered the putting into effect of this plan, but if the present programme for building more homes goes forward as anticipated, within two or three years the urgent waiting list for places will largely have disappeared and it will be possible to accept suitable cases from hospital as they arise.

C. Subnormality

(i) Ascertainment

During the first 10 months of the year before the new legislation became operative, 16 new cases were added to the register. 9 of them were reported by the Education Committee, 5 having been ascertained

as incapable of receiving education at school and 4 as being in need of supervision after leaving school. Of the 7 from other sources, 4 were notified by relatives and 3 by general practitioners.

After the introduction of the Mental Health Act, 2 additional school leavers were recommended for supervision.

The waiting lists for institutional accommodation at the end of 1960 compared with previous years are:

	1960	1959	1958	1957	1956	1955
Children under 5 ..	2	3	1	1	0	1
Children 5—15	6	2	3	3	1	3
Adults	9	7	6	7	5	6

Although 7 permanent and 1 temporary admissions were arranged during the year the shortage of hospital places for the subnormal remains acute, a fact causing great hardship to relatives when totally unsuitable cases have to remain at home for years while awaiting placement.

(ii) Guardianship and Supervision

At the end of the year 9 cases remained under guardianship. At the same time 89 cases were being kept under supervision by the mental welfare officers. 11 males and 10 females on leave from psychiatric hospitals were also being supervised.

(iii) Discharge of Subnormal Patients

During the year 20 Oxford City patients (8 male and 12 female) and 2 female out-county patients were discharged from order. Of these, 3 males and 8 females remained in hospital as informal patients and the remainder are being supervised by the mental welfare officers. This supervision comes at a crucial period when the patients are being rehabilitated into the life of the community and may involve help in finding suitable lodgings or a suitable job, advice on the purchase of clothing and encouragement to save regularly besides help with other difficulties experienced on return to normal life.

(iv) Hostel Accommodation

The availability within the City of hostels for the subnormal would be of extreme value both to the patients themselves and to their parents. To this end, plans are being made for the erection of a hostel on ground near the present training centre for the reception of children who could attend the centre but who are not able, for various reasons, to live at home. In addition, premises are being sought for use as a hostel for subnormal youths and young adults who are able to work but who also are unable to live at home.

(v) The Training Centre

At the end of the year 59 children and adults were attending the

Training Centre, an increase of 13 over the numbers attending the previous year. There were 42 Oxford City cases, 6 were from Oxfordshire and 11 from Berkshire. At the Centre they are divided into the following classes:

1.	Senior Girls.	Ages	under 16 years	..	..	..	1
			16—21 years	..	..	..	8
			over 21 years	..	..	..	5
							—
	Total	..	..	..	..	..	14
							==
2.	Senior Boys.	Ages	16—21 years	..	..	..	7
			over 21 years	..	..	..	3
							—
	Total	..	..	..	..	..	10
							==
3.	Junior Class.	Ages	10—14 years	..	..	..	14
			(8 female and 6 male)				
4.	Infants Class.	Ages	6—14 years	..	..	..	11
			(2 female and 9 male)				
5.	Nursery Class.	Ages	3—13 years	..	..	..	10
			(5 female and 5 male)				

It will be seen from the overlapping that occurs that age is not the only criterion in this classification. Social behaviour and ability have also to be taken into account when dividing the children into reasonably homogeneous groups.

The Centre staff consists of 1 Chief Supervisor (Miss Warburton), and 5 Assistant Supervisors (4 female and 1 male). The work and daily routine carried out have the aim of helping the children to become socially acceptable members of the community who are able to attend to their personal requirements with as little assistance from others as possible. Needlework, painting, woodwork and other handicrafts of all kinds, physical training, percussion band and gardening are regular activities. During the year an electric washing machine and an electric cooker were acquired so that a greater range of domestic training could be offered to the girls.

Difficulty was experienced in finding remunerative industrial work suitable to be undertaken by the more capable persons, other than those mentioned in last year's report. The chopping and bundling of firewood and the assembling of car exhaust suspensions remained the most regular tasks.

With the help of the Parents' Association 27 children together with 4 staff went to Bognor Regis for 10 days' holiday early in June. Once again the party was blessed with splendid weather, and an excellent time was enjoyed, one of the most popular visits involving a boat trip round Portsmouth harbour. Those unable to visit Bognor had two outings

arranged for them, one a visit to Wickstead Park, Northants, and the other a visit to Battersea Park. As a result of the efforts of the Association and Centre staff, the profits of the annual jumble sale and of the sale of work amounted to £25 and £68 respectively. As in previous years helpful grants were also contributed by the City Council and the City magistrates.

(vi) Institutional Care

<i>No. in Institutions within the Region</i>							<i>M.</i>	<i>F.</i>
Borocourt	..	..	..	..	..	..	24	27
Cumnor Rise	..	..	..	..	..	..	—	10
Smith's Hospital, Henley	..	..	..	..	..	..	2	3
Style Acre, nr. Wallingford	..	..	..	..	..	..	5	—
Wayland Hospital	..	..	..	..	..	..	—	12
Bradwell Grove Hospital	..	..	..	..	..	..	16	1
Cotshill Hospital	..	..	..	..	..	..	5	3
Northview Hospital	..	..	..	..	..	..	—	4
Pewsey Hospital	..	..	..	..	..	..	7	4
West Stowell House	..	..	..	..	..	..	1	—
Purley Park, Reading	..	..	..	..	..	..	2	—
							—	—
							62	64—126
On licence from Borocourt	..	..	..	..	..	..	10	7
On licence from Pewsey	..	..	..	..	..	..	3	— 20
							—	—
Total	..	..	..	..	..	..	75	71—146
							==	== ==
<i>No. of Institutions outside the Region</i>							<i>M.</i>	<i>F.</i>
St. Mary's Home, Alton	..	..	..	..	..	..	—	1
St. Mary's Home, Buxted	..	..	..	..	..	..	—	2
St. John's Hostel, Camberwell	..	..	..	..	..	..	—	1
Aylesbury, The Manor House	..	..	..	..	..	..	3	5
Aylesbury, Tindal General Hospital	..	..	..	..	..	..	—	1
Barvin Park, Potters Bar	..	..	..	..	..	..	4	—
Botleys Park, Surrey	..	..	..	..	..	..	—	1
Bristol, Brentry Colony	..	..	..	..	..	..	1	—
Bristol, Hortham Colony	..	..	..	..	..	..	—	1
Bristol, Stoke Park Colony	..	..	..	..	..	..	3	2
Buntingford	..	..	..	..	..	..	5	—
Cell Barnes Colony	..	..	..	..	..	..	1	1
Easthampstead	..	..	..	..	..	..	1	—
Etloe House	..	..	..	..	..	..	—	2
Darenth Park	..	..	..	..	..	..	—	1
Leybourne Grange Colony	..	..	..	..	..	..	1	—
Little Plumstead Hospital, Kent	..	..	..	..	..	..	1	—

Lisieux Hall	..	..	..	..	..	..	1	—
St. Joseph's School, Sheffield	..	..	..	..	..	..	—	1
Stallington Hall, Stoke-on-Trent	..	..	..	..	..	..	1	—
Stourbridge, Sunfield Children's Home	..	..	..	..	..	..	1	—
Wellington, Sunshine Home	..	..	..	..	..	..	1	—
State Institutions for Dangerous Defectives	..	..	..	..	..	..	4	4
Warwick State Institution	..	..	..	..	..	..	—	1
							—	—
Total	..	..	..	..	..	..	28	24— 52
							<u> </u>	<u> </u> <u> </u>

(vii) Place of safety

No patient was placed in a place of safety during the year.

SECTION VIII

WELFARE SERVICES

REPORT BY J. C. DAVENPORT
Chief Welfare Services Officer

The City Council has delegated to the Health Committee its functions under the National Assistance Act, 1948, and the Welfare Services Sub-Committee meets monthly to deal with the administration of the Welfare Services of the City. Duties in relation to the management of residential accommodation provided under Section 21 of the Act are delegated to a House Section of the Welfare Services Sub-Committee.

(1) General Welfare Arrangements for the Ages and Infirm

The implementation of the policy of providing residential accommodation for the more aged and infirm has been continued, and a third purpose-built 60-bedded home, Marston Court, was opened in July, 1960. The acquisition of this Home means that 200 of the total of 276 beds available at the present time are suitable for frail and infirm cases. A further 60-bedded Home is under construction, and when this becomes available the remaining 30 beds at the Laurels will be closed, making a total of 306 beds, of which 260 will be the equivalent of ground-floor beds.

This is indeed a happy state of affairs, and no doubt will be envied by many other authorities, although the total available beds is well below what is required for present-day needs. There are still over 100 persons living at home who should have the opportunity of going into an old people's home in the very near future, whilst the clearing of those cases from the geriatric wards who no longer need hospital care remains a matter of serious concern.

The average age of all residents in City Homes rose again in 1960 to nearly 85 years, a figure which is one of the highest averages in the country.

With these problems in mind, the Council have approved the building of a further home on a site in Botley Road. The sites for homes are being carefully chosen with a view to providing one in as many geographical areas of the City as possible. This policy not only enables old persons living in a Home to retain an interest in the area in which they have lived for many years, but is to be used as a means of assisting old people to live in their own homes for as long as possible.

In addition to the 276 persons in the Homes, and a further 100 plus on the urgent waiting list, there are also 620 aged, infirm, and handicapped persons living in their own homes who are receiving domiciliary assistance to enable them to continue as they are. This latter group are assisted in various ways by Welfare Officers, Home Nursing Service, chiropody

service, home helps, meals on wheels, recreational facilities, aids in the home, and a friendly visiting service.

In order that domiciliary services could be made available to more persons in need of assistance, it has been agreed that the services available inside Part III Accommodation could be extended from each home to the surrounding community, and it is in this respect that the siting of homes is important. Each of the Council's purpose-built homes is situated close to a new housing estate containing a proportion of special housing for old people. In co-operation with the Housing Department it will be possible for aged persons who require re-housing and who need domiciliary help to be allocated a house or flat close to one of the Homes, and so be able to receive the help they need from that Home.

In implementing this policy it is believed that Oxford is "pioneering" in a similar way to the "holiday for relatives" scheme inaugurated in 1952, which has since become almost universal. The opening of Marston Court in the mid-summer of 1960 came just at the right time to provide this most useful service on a bigger scale, and this home was occupied almost wholly by "holiday" cases throughout July and August.

In connection with domiciliary welfare, the improved meals on wheels service has been extended considerably during the year, and towards the end of 1960, a total of nearly 2,000 meals per month were being served. Valuable help was given also by the Rose Hill Community Centre to the old people living on the estate. The Rural Community Housing Association completed a block of old persons' flats at Rose Hill, incorporating a neighbourhood community room for old people. This room was opened at the end of the year, and helpers from the Rose Hill Community Centre worked very hard to make it successful.

The Council have agreed to establish a post of additional Welfare Assistant, and this officer will work at Rose Hill in direct liaison with the voluntary workers.

The provision of domiciliary welfare services for the aged specifically is one beset with difficulties, not the least of these being that a fairly high percentage of old people are living in older types of housing. The lack of modern facilities in the dwelling make the duties of the social worker inside the home much more difficult.

During the year the welfare officers made a total of 8,471 visits to persons in need of assistance. Many visits were made outside office hours to ensure as far as possible the greatest amount of help in the quickest time. No less must the efforts of the officers of the National Assistance Board be appreciated, together with all other statutory and voluntary workers in this cause. Although it is important that there should be suitable Homes in which the aged can live when they need continued care and attention themselves, it is the person who is living in his or her own home who requires the greatest assistance to enable life to become a happy existence rather than a monotonous burden.

(2) Residential Accommodation

The Laurels

The policy of reducing the number of residents continued and by the end of the year the total was 27, all males. This reduction was made possible by the opening of Marston Court.

It is sincerely hoped that by the end of 1961 this building will have ceased to be used entirely as Part III accommodation, and it is most satisfactory to record that over the past three years over 100 cases have been transferred from this out-dated institution into the new home provided by the Council, where they can live a much happier life in surroundings designed to meet their physical need.

This record compares very favourably with the statistics relating to the use of old institutions in the rest of the country where there are still over 30,000 beds in institutions still in use compared with a total of 38,000 in use in 1950.

Frilford House

The Matron, Miss M. E. Jones, retired at the beginning of the year. Miss Jones has served the Council, and the old people of Oxford, for many years, and it is to her great credit that Frilford House has always been an extremely happy home. Her retirement caused a passing phase of solemnity amongst the residents, who, for a time, felt as though they had lost their mainstay, as indeed they had, but we have been fortunate in obtaining a new Matron, Mrs. Butler, who has succeeded in establishing herself in the esteem of the residents, and the happiness, always apparent in this small Home, has returned.

Barton End

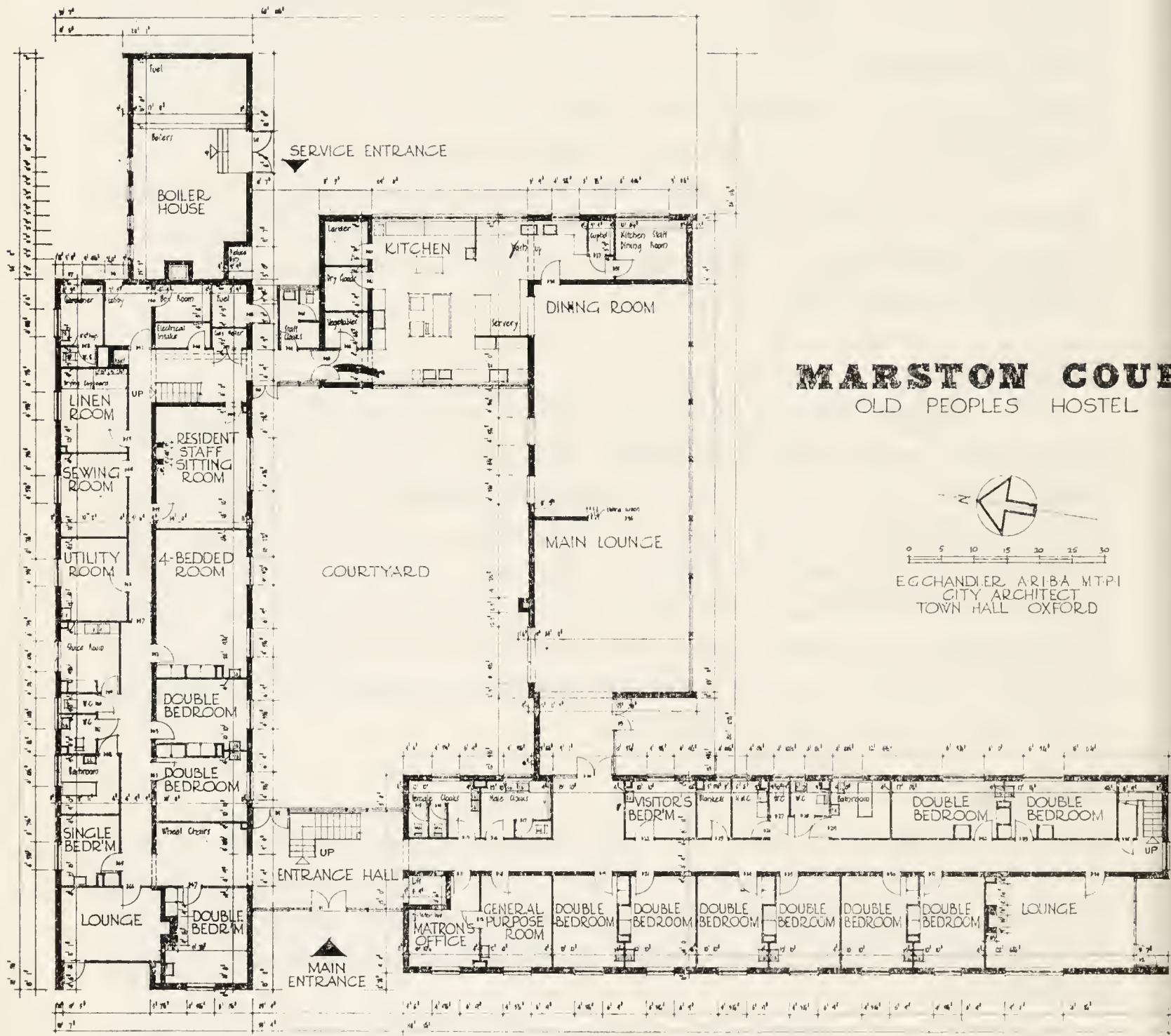
This Home, which was the local "guinea-pig" Home for the experiment of designing purpose-built Homes, has continued to cater for 40 residents, and the 20-bedded specially designed unit has again played a very valuable part in providing residential accommodation for the more infirm.

There was a chronic staff shortage for most of the year, and as a result, it was necessary to keep the numbers of residents lower than the maximum, but towards the autumn a solution of the staff problem permitted a full complement of residents.

Townsend House

This Home, the first of our completely purpose-built Homes, has continued to serve its full purpose. It is an extremely happy Home, and in its comparatively short life has achieved a "character".

The 60 residents, many of whom came from the Laurels, are very proud of their Home, and despite an average age of over 85 years continue to be quite active. This is a Home where occupational therapy has



“caught on” most decidedly, and the benefits of such a service amongst old people in residential accommodation is surely justified by the results achieved here.

The buildings and gardens have matured very quickly into a home in every sense of the word, and the personal pride every resident and member of the staff displays in their “Home” has undoubtedly proved the wisdom of building this type of accommodation.

Shotover View

All that has been said of Townsend House can be repeated for Shotover View. Although of different structural design, internally the Home is basically the same, with a similar atmosphere. Here again the average age is over 85, and it is indeed remarkable how well these very old people keep physically and medically. Very few are completely immobile, but the numbers of walking aids and wheel-chairs show the high degree of infirmity amongst the 60 residents.

Marston Court

This new 60-bedded Home was opened to residents in July, and was used in the first instance to provide short-stay accommodation for holiday relief. Towards October the short-stay cases were discharged, and the Home was quickly filled with permanent residents. Again a high proportion (35 out of 60) came from the Laurels, and this contingent included a high proportion of the more difficult type of cases, at least 20 of whom exhibited antisocial behaviour. It is to the great credit of the Matron and her staff that by the end of the year only 6 were not responding completely to a way of life which has become standard in the other new Homes, and even this small group have greatly improved. This is further evidence that residents respond to more amenable surroundings.

In each of the Homes described the same amenities (television, radio, library, socials, etc.) are available to each resident. Another pleasing feature is that each home is now taking part in local activities for old people, and there are regular social gatherings at the Homes in which the older residents in the neighbouring community take part.

Each resident receives a minimum of 10s. per week pocket money, and they are encouraged to assist in the running of the Home wherever possible. Those who do so as a regular feature receive additional pocket money.

Admission Table (excluding holiday cases)

			<i>New Admissions</i>	<i>Discharges to Hospital</i>	<i>Deaths</i>
The Laurels	..	..	14	21	8
Barton End	..	..	13	6	4
Frilford House	..	..	7	3	—
Townsend House	..	..	7	3	4
Shotover View	..	..	15	5	7
Marston Court	..	..	65	7	3
			—	—	—
Totals	..	..	121	45	26
			—	—	—

During the year 42 cases were admitted as short-stay cases to enable relatives to take a holiday. A number of these cases were so happy in the Home that they have expressed a wish to enter a home permanently, and, in one or two cases, some difficulty was experienced in persuading them to return to their own homes.

Voluntary Homes

The following Voluntary Homes are registered with the Local Authority for the care of aged and disabled persons:

Aged and Disabled

Nazareth Home, Cowley Road 24 females
9 males

Aged

St. Basil's Home, 239 Iffley Road 26 females
Elizabeth Nuffield Home, 165 Banbury Road .. 24 females
Council of Social Service Home, 115 Banbury Road 21 persons
British Red Cross Society Home, 107 Banbury Road 20 females
Miss E. Afford, 12/13 Walton Street 5 females
Mrs. Guise-Thompson, 2 Hernes Road 5 persons
Mrs. E. Best, 31 Stanley Road 6 persons

The agreements made with the following Homes to place accommodation at the disposal of the Authority continues:

St. Basil's Home 4 residents
Nazareth Home 4 residents

This accommodation has been used throughout the year, and has been of great assistance to the Authority owing to the continued shortage of accommodation. The City Council has accepted responsibility for the augmentation of income to enable the following persons to reside in accommodation provided by voluntary societies:

12 persons in St. Basil's Home
5 persons in Nazareth Home
1 person in St. John's Nursing Home
10 persons in British Red Cross Society Homes

12 persons in other Voluntary Homes

3 persons in Homes for the Blind.

In a similar way, by arrangement with other Local Authorities, the City Council has accepted the financial responsibility for the following:

1 person in London County Council Home

5 persons in Oxfordshire County Council Homes.

Temporary Accommodation

The problem of dealing with homeless families is still very acute. Discussions and joint meetings were held during the year with members and officers of the Housing and Children's Committees, and as a result it was decided by Council that the responsibility for this service should remain with the Welfare Services Sub-Committee of the Health Committee.

In view of the impending closure of the Laurels, it was necessary to seek alternative accommodation to meet the needs of this service, and the Housing Committee have allocated to the Health Committee a hut on the Slade Park Estate which is being adapted to provide temporary accommodation for the homeless.

Our policy will be to try to keep this accommodation empty as far as possible, and the conditions of employment of the staff will be such that they will be available for attendant duty in Old Peoples' Homes when not required at the Hostel.

Availability of employment in the City is still quite high, and many people are attracted to the area because of the promise of work. This is the largest contributory factor towards the problem of "homeless families" in Oxford, as families follow their husbands without having first acquired permanent accommodation. After a few days or weeks in lodgings they become homeless, and are then statutorily the responsibility of this Council.

The second highest group is comprised of married couples in lodgings where an increase in the family is followed by eviction.

Only a very small percentage of all the cases can be classified as "problem families". The majority are families with a problem, and that problem would be solved if suitable housing could be made available to them. Of the 144 cases seeking help during the year, admission to temporary accommodation was necessary only in 15 instances, and of these there was only one case which could be considered as a "problem family" rather than a family with a problem. There is no doubt that the admission figures would be greatly increased if it were not for the tremendous amount of individual case work undertaken by Welfare Officers in and out of normal duty hours in finding solutions to the housing and other domestic problems which beset these families.

Two of the families who had remained in temporary accommodation from 1959, each with many children, acquired their requisite points for

Council House allocation, and were rehoused early in 1961. This leaves a third family with eight children who may have to wait another three years before their normal points allocation and residence qualification will entitle them to consideration. For families of this size there is no solution other than house allocation. The smaller family units are not so great a problem, and can usually be helped to find their own alternative accommodation.

Of the remaining 14 cases admitted during 1960, one was a Rent Act case involving an elderly married couple who were subsequently rehoused by the Council; 10 were one-day admissions concerning families who had moved into Oxford without making prior arrangements, and were persuaded to return home; one was a family evicted because of an impending confinement who were helped to find lodgings; one concerned a family who needed accommodation for twenty-one days before finding a solution to their homelessness; and the remaining case was still in temporary accommodation at the end of the year.

(3) Welfare Arrangements for Handicapped Persons

(a) Blind

Statistics

During the year 31 people were certified as blind and 15 as partially sighted. The Authority is fortunate in that eye examinations for certification purposes are carried out at the Eye Hospital, and any medical or surgical treatment required is arranged straightway.

The following table shows the diagnosis of cases registered during the year, and the numbers where treatment was recommended:—

(i) Number of cases registered during the year in respect of which para. F (i) of Forms B.D. 8 recommends:	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	1	—	—	12
(b) Treatment (medical, surgical or optical) ..	2	2	—	7
(c) Hospital Supervision	2	2		3

The number of registered blind persons in the City is shown, in age groups, in the following table:—

0-1	2-4	5-15	16-20	21-39	40-49	50-64	65-69	70 & over
M F	M F	M F	M F	M F	M F	M F	M F	M F
— —	1 —	5 —	— 1	4 4	5 3	13 18	8 10	42 82

Total 78 males and 118 females equals 196, of whom 124 are over 70 years old, and 142 over 65 years old.

Children

One boy is at the Sunshine Home, Southerndown, South Wales. Three are in other Special Schools for the Blind, whilst one is in a hospital for the mentally ill and another is ineducable and remains at home.

Employment

(i) Sixteen people are in open industry as follows:—

- 6 employed in factories
- 2 shopkeepers
- 2 in legal profession
- 1 domestic worker
- 1 labourer
- 1 masseur
- 1 porter
- 2 in miscellaneous jobs.

Several totally blind women are running their homes very efficiently without help.

Home Workers Scheme

1 machine knitter 1 Braille copyist.

Workshop Employment

The following blind people are working in sheltered workshops:—

<i>Men</i>	<i>Women</i>	<i>Trade</i>
1	1	Chair caning
2	2	Mat making

General Welfare

With the totals of 196 blind, and 74 partially sighted on the register, the two Home Teachers have their case-loads at the maximum. The ever increasing average age of the blind population is also making the regular visiting service performed by the Home Teachers less of a teaching problem and more of those duties normally associated with a welfare services officer.

For the younger element of this group teaching has been concentrated into classes, with eight to twelve persons attending for an afternoon. These have proved very popular, and have enabled the teaching duty to become more concentrated in relation to time, and so have allowed more domiciliary visiting to the larger and more infirm group.

Arrangements were again made for a number of Blind People to have holidays at Homes for the Blind. All Blind Persons in need have been supplied with Wireless sets kindly supplied by the British Wireless for the Blind Fund. The maintenance and repairs are covered by the Council. Subscriptions are paid to the National Library for the Blind for fifteen readers. Three Blind People have guide dogs.

Social Activities

Except for short breaks during holiday periods, socials were held three times each month. A varied programme of entertainment has been provided, and thanks are due to those who so kindly help in this way. Assistance is also provided at socials and other functions by several regular voluntary helpers, including drivers helping with the transport of the blind people. Craft Classes are held weekly.

The Annual Party at the Town Hall, although taking place early in 1961, belongs to the year under review, and was again popular and well supported. In the summer, Outings were organized to Stratford, Weston-super-Mare, Bournemouth, and Henley-on-Thames.

Voluntary Help

The Oxford City and County Society for the Blind have continued to assist the blind financially towards the provision of holidays, invalid foods, extra comforts, and with Christmas gifts to those blind who are aged and infirm, in hospital, or other accommodation away from their own homes. As a result of the Society's meeting the subscription cost 4 Blind People receive Bible notes in Braille each quarter.

The Oxford Eye Hospital Patients' Welfare Fund has continued to be responsible for the cost of transport of the aged and infirm to the Christmas Party. This help is greatly appreciated, and enables many to attend who might otherwise be unable to do so.

(b) Deaf Blind

There were 9 deaf blind on the Blind Register, 2 men and 7 women.

(c) Partially Sighted

At the end of 1960 there were 74 persons on the observation register. All these people are substantially and permanently handicapped by defective vision. The following table shows the age groups on the register:—

0—1		2—4		5—15		16—20		21—49		50—64		65 +	
M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	2	2	1	1	7	2	4	6	13	36

Total 27 males and 47 females equals 74, of whom 49 are over 65 years old and 59 are over 50 years old.

(4) Other Handicapped Classes

The Council, on the 1st April, 1955, adopted schemes to provide for the welfare of the deaf and dumb, the hard of hearing and the general handicapped classes.

(a) The Deaf

The Council's functions in relation to the Deaf have been delegated to the Oxford Diocesan Council for the Deaf, who have for many years been carrying out valuable welfare work amongst the local Deaf, and have been assisted financially by the Council since 1948. During the year ended 31st March, 1960, a grant of £715 was made to the Council. I am indebted to the said Council for the following table:—

0-15		16-64		Over 65	
M	F	M	F	M	F
11	7	25	22	6	7

The Oxford and District Branch of the National Childrens' Society has held regular instructional meetings to help parents with their problems. They have provided equipment to be used in schools for the deaf, and provided equipment for parents to use in the house. A television set has been presented to the children's ward in the E.N.T. Department of The Radcliffe Infirmary. Classes for children in "Listening and Learning" have been held at the New Centre and books and equipment provided for these classes. Outings and instructional visits have been arranged. The Society contributes to the full programme that exists in Oxford for the deaf and hard of hearing.

(b) Hard of Hearing

The welfare of this group in the City is cared for by the Hard of Hearing Club, which is closely connected with the Department of Otolaryngology at the Radcliffe Infirmary. A financial grant has been made each year by the Council to meet the cost of the hire of the rooms. The Club is flourishing and does a great deal towards promoting the general welfare of the group.

The New Centre for the Deaf is a great asset, and is used regularly for evening classes for the deaf and the hard of hearing.

The following table shows the age groups on the register of the Hard of Hearing Club:—

Under 16		16-64		65 and over	
M	F	M	F	M	F
—	—	22	50	11	41

(c) General Handicapped Classes

The adoption by the Council in 1955 of the schemes for promoting the welfare of the general handicapped class meant an extension of the operations of the Section. The staff appointed for this work included a field Welfare Officer (full time) and the use of the services of an Occupational Therapist (half time).

Since the implementation of the Scheme in Oxford much has been done in helping the handicapped, a large percentage of whom are home bound. Mention must be made of the co-operation of voluntary effort in this work, whereby in a number of instances it has been possible to make home life more bearable. Adaptations and aids in the homes cleaning, redecorating, and remedial and recreational facilities have been carried out by the Local Authority staff and voluntary workers including University students.

A total of 111 permanently and substantially handicapped persons are registered with the local Welfare Authority, the following table shows the age groups on the Register:—

16—24		25—34		35—44		45—54		55—64		65 & over	
M	F	M	F	M	F	M	F	M	F	M	F
14	5	5	9	7	11	14	5	13	10	13	5

The British Red Cross Society organise a club for crippled persons which meets fortnightly at 101 Banbury Road. This Club is a valuable aid in the provision of recreational facilities for handicapped persons, and the Officers of the Welfare Section have encouraged and aided as many as possible to attend.

(i) Spastics

There are 35 spastics known to the Department, 16 are adults (12 male and 4 female), and 19 children. All 16 adults are normally resident in their own homes. Nineteen City children of school age are known to be suffering from varying degrees and types of cerebral palsy. Two severely affected boys are at a residential school. In 7 cases the disability is minimal and the children are able to attend full time at ordinary schools.

Four children who are Educationally Sub-Normal attend the Day Special School at Slade Park. Three children attend the Ormerod School and 2 more who are subnormal attend the Training Centre. One severely subnormal child is in an institution. One child under compulsory school age has attended during the year for treatment at the Spastics Centre at the Churchill Hospital.

(ii) Epileptics

Eleven adult epileptics (4 male, 7 female) are known to the Department. All of these cases are major epileptics. This is a figure, which, I feel sure, does not bear any real relationship to the actual number of people who suffer from this complaint. Fortunately, however, the majority of the minor cases are able to continue in normal employment.

Of the children known to be suffering from epilepsy one boy is at Colthurst House School, Warford, Cheshire, and one remains at home having home teaching. Two children attend the Ormerod Day Special School. Several other children suffering from slight or occasional epilepsy attend ordinary schools.

Workshops for Handicapped and Blind Workers

The sheltered workshop for handicapped and blind workers continues expanding its services to meet the needs of the area. The expansion is being carried out slowly in order that a sound basis may be established. During 1960 four new employees were taken into the workshop.

A retail shop is operating in conjunction with the workshop, and the new premises have proved of considerable benefit to the retail side of the business. The display of goods for sale is considerably enlarged, and the public can see the quality of the goods offered. As a result counter sales have increased substantially.

The financial year 1960-61 has been a record year for sales, a total of over £7,000 being achieved. As a matter of comparison sales for December 1960 were equal to the whole year of 1952-3. This is a most gratifying result not only from an economic point of view, but the knowledge the handicapped workers have that the goods they produce are so greatly in demand has proved a great incentive to them, and the spirit of the workers in the workshops is at the highest level. Again, credit must be given to the work of the Superintendent and staff of the Workshops and Retail Shop for the effort and zeal they have shown in achieving this result.

Although the prime function of the shop is to market products from the handicapped Workshops, the opportunity has been taken to offer the facilities of the shop to all handicapped persons supervised by the Occupational Therapy Section of the Health Department, and by agreement with the Oxford County Council, the County Occupation Therapy service.

Meals on Wheels

This valuable service is essential for the well being of many old people if they are to maintain their health in their own homes.

The improvement and extension of the Meals on Wheels Services implemented at the latter end of 1959, was fully justified as shown by the results achieved in 1960. The anticipated increase in demand was under estimated, for by the end of 1960 nearly 2,000 meals per month were being served, and additional equipment and helpers were required.

At the end of the year an average of approximately 120 persons were receiving three meals per week through the service.

The Civic Catering Committee supply the meal, and members of the British Red Cross and Women's Voluntary Service distribute the meals to the recipients. The cost of transport is met by the Council in the form of a mileage allowance, but it cannot be over emphasized that the work carried out by these ladies is invaluable in maintaining an efficient domiciliary welfare service for persons in need.

Chiropody Service

The service instituted by the Oxford Council of Social Service in 1953 is noted for its valuable service to old people in the City.

The experience gained by the Council of Social Service has been invaluable in assisting the City Council scheme for the provision of chiropody services to come into operation so smoothly in April 1960, with no disruption of the services already being given. Naturally, the Council were happy for the Council of Social Service to continue as their agents in providing the service to old people attending the clubs, and a happy partnership between Council and Voluntary Society has been achieved.

For those persons who are unable to attend any of the 8 clubs in the City providing a chiropody service due to their infirmity, the sessions held at the Laurels were continued, and an additional clinic set up at Marston Court. Persons attending these clinics are transported by ambulance, and an average of six treatments were given each week.

The cost of treatment to each individual is 2s. 6d., and the balance of the cost is met from local authority funds.

Removal of persons in need of care and attention (Sect. 47, National Assistance Act, 1948)

It was not necessary for action to be taken under this Section during 1960. In one case the Department were prepared to use Section 47 of the Act, but after considerable persuasion the person concerned, a lady, agreed to enter hospital for treatment and care.

Temporary protection of property of persons admitted to hospitals, etc.

The duty of the Council under Section 48 of the National Assistance Act, 1948, to protect the property of patients admitted to hospital or to accommodation under Part III of the Act, has been effected in 60 cases during the year.

Burial or cremation of the dead

Under Section 50 of the National Assistance Act, 1948, the Council has a duty to cause to be buried or cremated the body of any person who has died or been found dead in their area, where no suitable arrangements for disposal have been made. During the year it has been necessary for the Council to arrange nine such burials, and in all cases part or full recovery of the cost involved has been made.

Civil Defence—Welfare Section

The organization and training of the Welfare Section is our responsibility, and the volunteer strength is now 270. This is a reduction on last year's figures, but is due to getting rid of the "dead wood".

The main training is in "Care of the Homeless" and Emergency

Feeding, and all members are invited to take courses in First Aid and Home Nursing.

Whilst the primary object of the Welfare Section is to accommodate and feed persons rendered homeless in time of war, it is also organised to help in any peace-time disasters, such as train crashes or fires, etc.

SECTION IX

ENVIRONMENTAL HYGIENE

REPORT BY W. COMBEY, D.P.A., F.A.P.H.I., F.R.S.H.
Chief Public Health Inspector

There was the usual wide variety of work throughout the year with emphasis on food premises and the requirements of the Food Hygiene Regulations, Housing action within St. Ebbe's area and some activity within the City in connection with caravan sites which are now reduced in number. There was also a considerable amount of investigation into odour and noise problems associated with the Morris Motor Works at Cowley.

One or two interesting exercises on slaughterhouse hygiene and sales from automatic machines were also carried out and went far to stimulate interest in the need for care and attention to details of hygienic operation. New Milk Regulations came into force during the year which extended the operation of the licences to a period of 5 years and curtailed the issue of licences to Food and Drug authorities only.

There was the usual pattern of complaints received by the Department—at least 50% being due to infestation by rodents or other vermin. The pest destruction staff have therefore been kept busy as contract work is undertaken in premises throughout the City which ensures constant attention to disinfestation work in premises under contract, while sewer maintenance carried out during the summer meant several weeks devoted to the baiting and clearance of any rat infestation discovered. A considerable amount of treatment work was also carried out at the Radcliffe Infirmary, where extensive infestation with Pharoah's Ants caused some concern. By the end of the year considerable progress towards eradication had been made, despite embarrassment of our work by a rebuilding programme involving demolition and alteration of buildings and inevitable upset associated with site changes.

The future of the Eastwyke Farm Slaughterhouse is still uncertain because of the absence of a decision on the Oxford Relief Roads. This decision might well affect the premises for which a modernisation programme is ready for implementation so soon as a decision is received which is favourable to the development of the premises. Both slaughterhouses within the City continue to operate actively throughout the year, throughput being maintained at a high level. Nevertheless, it was possible to avoid week-end and late evening slaughtering. For this we are indebted to the Management and staffs of the slaughterhouses who co-operated well throughout the year. Tuberculosis in food animals has now reached a low limit in animals slaughtered for food, and the general quality of meat available continues to be very good. It is pleasing to note the

extension of deep-freeze storage within the City, because this can be most useful and still more is required. Unsound meat is disposed of where necessary by removal in vans appropriately marked in compliance with the new regulations which *inter alia* govern the staining and sterilisation of unsound meat. The material is consigned to a by-products firm in the London area. There was an unfortunate set-back to modernisation proposals for the fish precinct at the Central Covered Market because of uncertainty about the future development of the City centre. It is to be hoped that a decision may be possible on this matter within the next year or two.

Sampling of food gave little cause for concern, standards being good while the milk supply continued to show excellent results, both in quality and heat treatment tests.

In the range of food hygiene many talks and lectures were given to associations interested in Public Health, Food Hygiene, and Food Handling, while courses of practical value were given to Licensed Victuallers and Co-operative Apprentices (Meat Trade). Coloured slides, film strips, specimens and practical exhibits were freely used in all these talks.

There was an increased interest shown in swimming-bath hygiene—schools being particularly involved—for it is well to note that constant attention to hygienic conditions at swimming pools is essential if health hazards are to be reduced. Of course, open bathing places on the rivers are not subjected to chlorination, and they have a free flow (somewhat slow in summer) which assists purification. Artificial pools, on the other hand, need mechanical methods of circulation, together with properly controlled chlorination as a health precaution.

In the field of housing it was gratifying to note the commencement of redevelopment in St. Ebbe's which for years has been the subject of much talk and speculation, but little practical progress. With the clearance of part of the Gas Works site and a considerable number of out-worn houses, further progress should no longer be delayed, and—always bearing in mind the result of any Relief Road decision—it is to be hoped that complete redevelopment of the whole area on modern lines may be possible within the next few years. The area is at present a jumble of cleared sites used as car parks with semi-derelict and empty houses awaiting further clearance. Work in connection with housing improvement grants is supervised by the Department of the City Engineer, and a welcome increase in the numbers of persons interested has been noted. Activity is, however, far below what is necessary to improve the many thousands of sub-standard houses which are in need of better amenities. The Government with their schemes of improvement do not appear so far to have found the answer to this growing problem. Further slum clearance work will be inevitable if an adequate scheme is not made practicable within the next few years. The acute shortage of housing accommodation for the smaller family units for which there is

a nation wide demand is underlined by growing interest in the multi-occupation of houses. New legislation may be expected in this topical field of housing activity.

Staff remained at full establishment during the year with two Pupil Inspectors engaged on day-time release duty and one on a sandwich course at Salford. Mr. Noel Billington, the Pupil attending Salford, has since qualified in both Public Health and Meat and Food Inspection. I am indebted to all members of the staff who gave loyal service during the year, and to my Deputy, Mr. Edlington, for his support. The Report is presented in its usual form (*a*) General Sanitary Circumstances and Water Supply, (*b*) Housing, and (*c*) Supervision of Milk, Meat, and other Food Supplies.

(A) GENERAL SANITARY CIRCUMSTANCES**(i) Complaints and Inspections**

There was a decrease in the number of complaints received during the year, there being 1,457 as against 1,880. More than 75% of the complaints received related to infestations by rodents and insect pests including wasps. There was a reduced number of complaints involving dirty or verminous persons and offensive odours. Noise nuisances showed an increase and this is not surprising having regard to the recent publicity given to new legislation similar to that in operation in Oxford since 1953.

Complaints	<i>No.</i>
Accumulations of Refuse	21
Choked and Defective Drains	28
Defective Water Closets	13
Defective Water Supply	3
Dirty or Verminous Premises	27
General Housing Defects (including dampness)	94
Infestation by Insects and Pests.. .. .	133
Infestation by Rodents	581
Infestation by Wasps	404
Keeping of Animals	2
Noise Nuisances	15
Obstructive Constructions	5
Offensive Odours	78
Overcrowding	3
Refuse Accommodation	4
Smoke Nuisances	20
Unwholesome Food, Containers and False Descriptions	26
	<hr/>
	1,457
	<hr/>

Number and Nature of Inspections

Animal Nuisances	13
Drainage	422
Housing	1,897
Interviews	571
Licensed Premises.. .. .	209
Lodging Houses	62
Miscellaneous	832
Overcrowding	31
Pet Animals	97
Pharmacy and Poisons Sellers	481
Piggeries and Stables	138
Rats and Mice	9,835

Refuse Storage and Accumulations	..	..	..	..	145
School Premises	..	..	..	..	61
Shops Act	..	..	..	..	773
Tents, Vans and Sheds	..	..	..	..	450
Theatres, Cinemas, etc.	..	..	..	..	4
Verminous Conditions	..	..	..	..	48
Water Sampling and Bath Water	..	..	..	..	73
Insect Pests	..	..	..	..	1,463
Noise Nuisances	..	..	..	..	18
Health Education	..	..	..	..	96

Atmospheric Pollution

Smoke Control Area	..	..	..	..	..	900
Smoke Observations ($\frac{1}{2}$ hour)	..	..	..	..	..	44
„ „ (casual)	..	..	..	..	..	453
S.O. ₂ Recording Stations	..	..	..	..	..	132
Boiler Plants	..	..	..	..	..	57
Grit and Odour	280
Clean Air Interviews	104

Food Hygiene

Food Hygiene Regulations	4,980
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(ii) Sanitary Circumstances of Aged Persons

There were a few cases of residents living in insanitary circumstances where cleansing and disinfestation were necessary, but apart from this there was little activity in connection with aged persons. Co-operation with the Welfare Section was maintained.

(iii) Lodging Houses

The Church Army Working Men's Hostel in Cambridge Terrace coupled with the Annexe in Charles Street, continues to provide reasonable accommodation for men in need of lodgings. Although the Annexe is officially registered under the Public Health Act it continues to operate more as an Annexe to the Working Men's Hostel than as a Common Lodging House. It is understood that the National Assistance Board are contemplating the provision during 1961 of a Reception Centre in part of the vacated Cowley Barracks, and this may well result in an increasing number of vagrants around the town.

There is still evidence of "sleeping rough" as was mentioned last year. The remarkable thing is that only two persons were cleansed as compared with 14 during the previous year, but this should not be accepted as a picture of the actual conditions, as there is no doubt that quite a number of vagrants are often in a condition which needs disciplinary action involving disinfestation and bathing. Some consideration has been given

to the provision of a small central cleansing station if and when opportunity occurs. The Slade Hospital Disinfector is still available for sterilisation of bedding and clothing. D.D.T. powder and other modern insecticides have been used as necessary.

General shortage of living accommodation continues throughout the City with inevitable multi-occupation of larger housing units. The University and Colleges are aware of shortages affecting student population and much hostel accommodation is now under construction or arrangement in attempt to cope with the needs of the increasing numbers taking up studies at the University. The City housing list remains large and no doubt will remain thus so long as employment continues to be sustained at the high levels reached during the last few years. Overcrowding, however, does not appear very extensive and only 3 complaints were received during the year, but reference is made in the section devoted to housing to the discovery of one or two serious cases which needed firm handling. Immigrants and their families have caused a certain amount of concern because of shortage of accommodation, but so far this has not proved serious.

(iv) Movable Dwellings

The Caravan Sites and Control of Development Act, 1960, came into force on the 29th August and applies a new licensing system to the caravan problem.

It governs the location of caravan sites through planning control and sets out model standards which are applicable on Public Health licensing so as to secure good standards of layout, equipment and maintenance on the sites. This Act follows quickly on the White Paper "Caravans as Homes" issued during 1959. It recognises the inevitability of so-called temporary homes and sets up appropriate standards which should become nationally applicable. Local Planning Development permission is the first requirement so that caravan sites may fit properly into the Local Development Scheme. Such a step has always been highly desirable. Unfortunately, there are a number of exemptions permitted which seem too extensive and leave opportunities for undesirable development. The City Planning Authority have been prompt in their use of the powers to restrict the approval of sites within the City, and only 15 have been granted involving 23 caravans, there being 5 sites for single units, one of four and another of six. Close co-operation exists between Planning and Health Department staffs and no major problem has so far arisen, although anxiety was felt for a while about conditions on a site at Blackbird Leys Estate which the Housing Committee had provided for use by contractors' labour. The site became too popular and involved for a while over 30 caravans, but eventual reduction to 20 caravans with arrangements for car parking, reasonable standard roads, fencing and sanitation, etc., vastly improved the conditions on a site which will be gradually run down as the Estate development is completed.

Caravans for road contractor and other engineering labour forces have been permitted to pull on to working sites where temporary facilities are available until work is completed.

Although caravan sites do not give rise to much anxiety within the City there is a large unsolved problem in the fringe areas where there are many caravans on sites both approved and unapproved. These present a formidable task for colleague Inspectors in the rural areas. There is evidence that many Councils have already made attempts to provide approved sites to which caravan dwellers are being directed. Some of these sites are models of good planning with excellent amenities, but these are still too few to meet the growing needs of caravan communities settled in many areas.

The City Health Committee accepted a report on standards for small caravan sites involving some 14 items and these form the basis for all licences. Particular emphasis is given to the need for approved fire-fighting and fire prevention equipment of a standard acceptable to the Chief Fire Officer. Attempt has also been made to require that only modern purpose made caravans which are adequately heated, ventilated and insulated, are licensed for habitation. There is unfortunately no definition of overcrowding for caravan occupation. The Local Authority must prove the existence of overcrowding to the satisfaction of the magistrates if they desire to enforce action on that count and, in the absence of official standards, the Magistrates decide on the facts as submitted. Last year there were 46 caravans in the City on 18 sites and this year 23 have been officially licensed on 15 sites. There are, in addition, the 20 caravans on the Blackbird Leys Estate site and approximately the same number of exempted caravans used by building labour, etc. Local Authorities and their Officers have welcomed the new legislation, but there is still a long way to go before satisfactory homes are available for all who need and should have them.

(v) Offensive Trades

The one long established Marine store dealer continues to operate in a reasonably satisfactory manner in the City, there being no other offensive trade operating locally.

(vi) Canal Boats

Once more reference is made to the fact that there are no boats on the local register and only occasional barges operate on the Oxford stretch of water. No complaints have been received.

(vii) Drainage

Fewer complaints (28 as against 31), were received during the year in connection with drainage problems and all were satisfactorily dealt with, usually in collaboration with the Building Inspectors' Section of the City Engineer's Department.

(viii) Riding Establishments, Stables and Piggeries

Three riding establishments were licensed under the Riding Establishments Act during the year and all were visited by the official Veterinary Surgeon and the District Public Health Inspectors. There are 21 piggeries within the City and a few stables which cause little concern. 138 inspections were carried out during the year. The Diseases of Animals (Waste Food) Order applies to certain pig keepers' premises and 12 are registered under the Order. Close co-operation exists between the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food and his staff and this Department in connection with the sterilisation of waste food. The Poultry Disinfection Order attempts to control the spread of fowl pest and similar conditions and the general hygienic condition of poultry crates and premises where poultry are dealt with is also supervised. 197 inspections of such premises were carried out during the year.

(ix) Pet Animals

97 visits were made to 8 premises licensed under the provisions of the Pet Animals Act. Conditions generally were satisfactory.

(x) Factories and Workplaces

30 visits were made to registered outworkers' premises in the City, these being mainly concerned with dressmaking, tailoring, rug making and toy filling. See table below.

Outworkers (Sections 110/111)

Nature of Work	Section 110	Section 111
	Number of Outworkers Notified	Number of Contraventions
Wearing Apparel Making, etc.	37	Nil
Stuffed Toys	11	Nil
Textile Weaving	2	Nil

The following table shows the registered number of factories and workplaces and other relevant information. Close liaison exists with H.M. Inspector of Factories.

Inspection of Factories and Workplaces

Premises	Number on Register	Number of		
		Inspec- tions	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	82	37	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	385	216	10	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	8	4	—	—
Total	475	257	12	—

Defects found in Factories

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	3	2	—	3	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ...	3	1	—	1	—
(b) Unsuitable or defective	4	2	—	4	—
(c) Not separate for sexes	—	—	—	—	—
Other offences (not including offences relating to Homework)	—	—	—	—	—
Total	10	5	—	8	—

(xi) Shops

773 (324) inspections of shops under the provisions of the Shops Act were carried out during the year being additional to visits made for other purposes. Notices under the Health Provisions of the Shops Act were served in 12 cases. Standards of hygiene and cleanliness were generally satisfactory.

(xii) Pest Extermination

Three assistants carry out disinfestation work of all kinds usually under the direction of the District Inspectors and prompt attention is given to complaints involving infestations by rats, mice and other vermin. The work involves surveying of property, baiting, identification and treatment, etc., as required. Much appreciation is expressed by those concerned in complaints and infestations. Thanks are expressed to Professor Varley and his staff at the Hope Entomology Department of the University who are always ready to advise on request.

Prevention of Damage by Pests Act, 1949.

Report for Year ended 31st December, 1960

	TYPE OF PROPERTY				(5) Agri- cultural
	Non-Agricultural				
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All other (including Business Premises)	(4) Total of Cols. (1) (2) & (3)	
Number of properties in Local Authority's Dis- trict	343	28,414	4,497	33,254	79
Number of properties in- spected as a result of:					
(a) Notification ..	20	347	129	496	—
(b) Survey under the Act	—	—	—	—	79
(c) Otherwise (e.g. when visited primarily for some other purpose) ..	85	2,156	1,009	3,250	—
Total inspections carried out—including re-in- spections	498	4,383	4,954	9,835	79
Number of properties in- spected which were found to be infested by:					
(a) Rats { Major {	—	—	—	—	—
{ Minor {	20	277	42	339	—
(b) Mice { Major {	—	—	—	—	—
{ Minor {	8	170	99	277	—
Number of infested pro- perties treated by the Local Authority ..	28	447	141	616	—
Total treatments carried out—including re-treat- ments	35	482	159	676	—
Number of notices served under Sec. 4 of the Act:					
(a) Treatment	—	—	—	—	—
(b) Structural work (i.e., Proofing)	—	1	—	1	—
Legal Proceedings ..	—	—	—	—	—
Number of "Block" con- trol schemes carried out	—	—	—	—	—

Fly infestation was not unusually heavy but anti-fly treatment was again carried out in the spring in accordance with our general practice, in hospitals, schools, cafe kitchens, etc., while the slaughterhouses were dealt with by the occupiers. There was a period of considerable concern regarding Pharoah's ant infestations at the Radcliffe Infirmary where a system of reporting, baiting with liver baits, and treatment with modern insecticides (chlorane and dieldrin) has been carried out. The use also of insecticidal lacquer proved effective and wherever it was applied there was a remarkable absence of subsequent complaints. There seems no doubt that its action is effective over a period which it is hoped will not be too short. The amount of work was considerable and meant many hours of duty by at least one member of the outside staff with constant repeat visits by the District Inspector. It was complicated and more difficult to the pest operators because of building works which are proceeding apace on the Infirmary site. New ward blocks and alterations in progress involving extensions to heating systems and demolitions of buildings had to be contended with. Complete eradication of such a persistent pest as Pharoah's ants would, under such circumstances, have been nothing short of a miracle. As it was, by the end of the year and despite certain misgivings in some quarters, considerable progress had been made in the elimination of the pest from a number of blocks in the Infirmary. An infestation at the Churchill Hospital proved not so serious as that at the Radcliffe Infirmary and we were able to keep a firm grip on it throughout the year. There were no major complaints from other hospitals within the City area.

There were during the year only half the number of wasp nest troubles experienced in 1959 and slightly fewer complaints regarding infestations by rodents and insect pests. Our contract system involving survey and treatment of premises in the City at regular intervals is highly appreciated by all concerned and the income rose from £576 to £667. One sewer maintenance was carried out during the year when 343 manholes were baited throughout the City resulting in 53 apparently positive takes. There does not appear to be a heavy infestation of the sewerage system, probably due to the constant efforts made in past years to reduce the incidence of rats in the sewers. Refuse tips are regularly treated and once again the Cleansing Superintendent is to be complimented on the excellence of his tipping arrangements. Close collaboration with his Department continues.

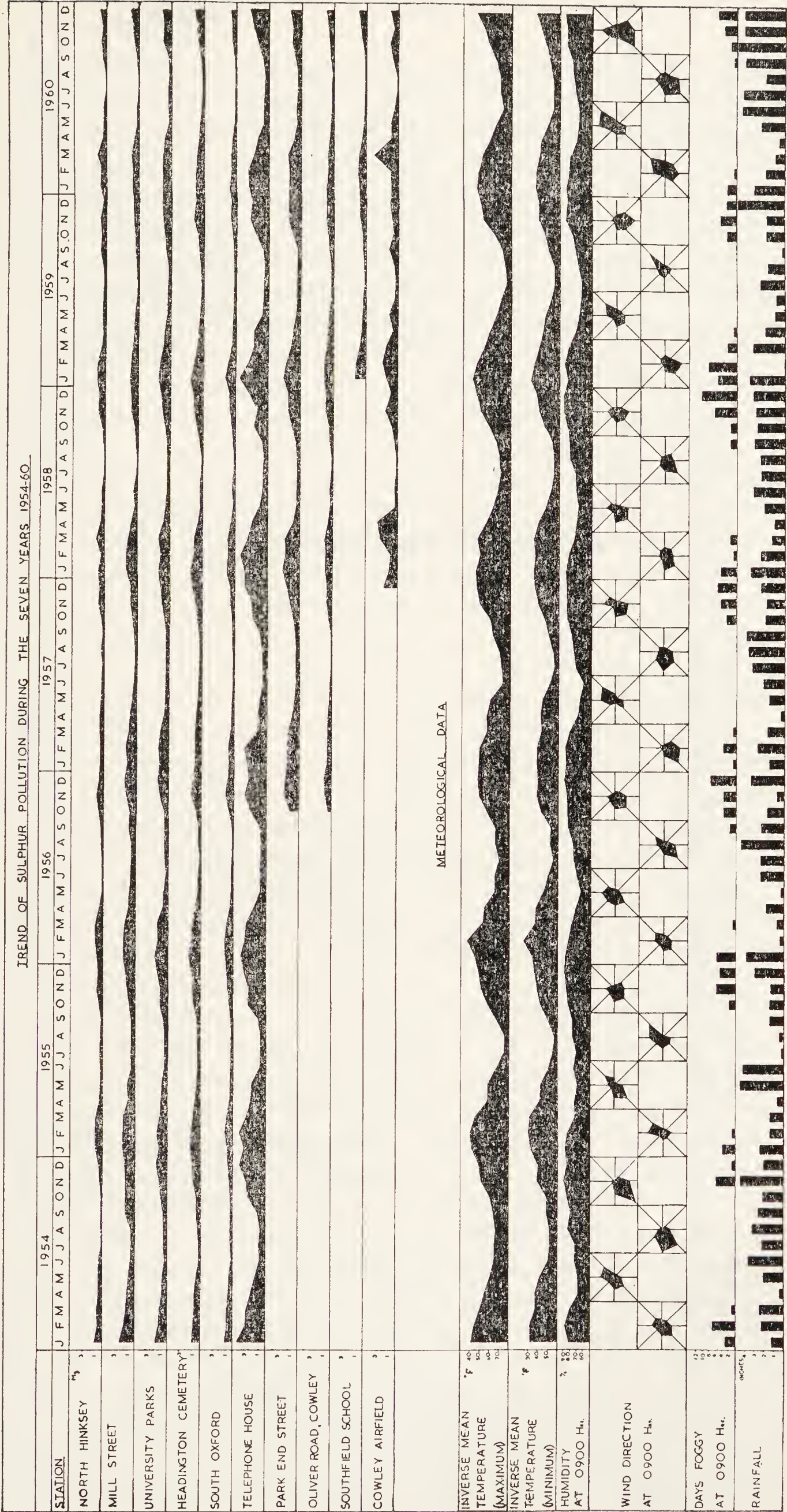
Visits by Operatives in Connection with Rodent Extermination

<i>Local Government Premises</i>						<i>Totals</i>	
1st Visits	..	..	..	..	..	28	
Re-visits	..	..	..	..	..	198	226
<i>Dwellinghouses</i>							
1st Visits	..	..	..	..	..	482	
Re-visits	..	..	..	..	..	2,605	3,087
<i>Business Premises</i>							
1st Visits	..	..	..	..	..	140	
Re-visits	..	..	..	..	..	1,148	1,288
<i>University Premises</i>							
1st Visits	..	..	..	..	..	19	
Re-visits	..	..	..	..	..	287	306
							<hr/>
							4,907
							<hr/> <hr/>
<i>Poison</i>							
Baits Laid	..	..	..	..	..	10,578	

(xiii) Atmospheric Pollution

Final costs for our Central No. 1 Smoke Control Area were submitted to the Ministry and approved. In so far as privately owned dwellings were concerned, total costs were £81 19s. 1s. plus £24 18s. 6d. in connection with one Statutory Notice which was found necessary. The total expense was therefore only £106 17s. 7d. Local Authority dwellings involved a total cost of £118 8s. 9d. The number of premises involved was small and the average costs were somewhat high, but the Ministry were satisfied on explanation of the reason for such costs. Local Authority work involving alteration of hearths and throatings proved more costly than that carried out by direct labour, but in an old City centre it is inevitable that such work on ancient property will prove expensive. Where reduced throatings can be attained by the simple fitting of adjustable plates or otherwise, and wider spaced bar grates are available for coke burning, that is all that need be required in order to secure reasonable smoke reduction and control. Deepening bars across the front of open fireplaces also ensure deeper fuel beds so essential because of the bulkiness of modern domestic cokes. Barless grates seem less satisfactory in operation because of the greater tendency of a shallow fire developing.

The National Society for Clean Air made an enquiry during the year into the working of the Clean Air Act. Our contribution to the enquiry revealed that some 94 contraventions had been observed in the three years of the working of the Clean Air Act, no statutory action had been taken, and in general results were satisfactory, industry proving quite co-operative. The Dark Smoke (Permitted Periods) Regulations are not, however, considered satisfactory. The general public seem puzzled at the latitude permitted to Industry under the Regulations when such strong efforts are



CITY OF OXFORD WEEKLY AVERAGES OF ACID GASES AND SUSPENDED SOLIDS

SITE:-

Pembroke Street,

St. Aldates.

1956

1957

1958

1959

1960

J F M A M J J A S O N D J F M A M J J A S O N D J F M A M J J A S O N D J F M A M J J A S O N D

KEY: — SMOKE
----- SULPHUR DIOXIDE



made to convince domestic fuel users of the need for cleaner air and stricter attention to effluent from chimneys. Prior approval only involved 8 furnaces during the period of 3 years and there was no major difficulty about any of them. Two wet arrestors were fixed to cupolas at a local foundry and one large incinerator plant was approved. Heights of chimneys were satisfactorily agreed as Town Planning, Engineering and Health Departments co-operate in consultations with firms responsible. Two Smoke Control Areas are in operation in the City, one in the Central Area and one over the Blackbird Leys Estate which is a rapidly expanding housing and community area to the south of the Cowley Industrial development. The Estate now includes some 700 dwellings all fitted with approved appliances having underfloor draught. 30 contraventions were noted during the year and effective advisory letters were sent to the occupiers concerned warning them of the consequences of burning other than smokeless fuel in their grates. Slight anxiety was felt about the hawking on the Estate of certain bagged solid fuels which appeared not to be of the smokeless variety. Advice was given to the retailers concerned. There has been the usual comment about winter shortages of coal and premium smokeless fuels in an area always noted for transport difficulties.

A third Smoke Control Area is proposed for 1961 and will adjoin the existing Central area to the East. When finally approved, this will extend Smoke Control as far East as The Plain and the River Cherwell. With the construction of new flats and maisonettes in St. Ebbe's Redevelopment Area, attention is needed to smokeless operation in such buildings from the outset, in order to safeguard the position when redevelopment becomes an established fact. The Housing Committee have allowed a control clause in the tenancy agreements. In this way, progress in Smoke Control in the Central Areas will be maintained and contribute towards the eventual establishment of Smoke Control over the whole Central Area of the City as envisaged some years ago.

Sale of bagged fuel, although not cheap, has become well established. There is still need for greater attention to detail in the maintenance and operation of oil fired appliances as the mere fitting of such appliances is not a guarantee of smokeless operation. Even those appliances burning light oils require attention from time to time, to ensure satisfactory operation. Greater use of the lighter oils—although more expensive would ensure greater freedom from sulphur pollution.

The Gas Works finally closed down during the year and the City is at last free from the prolonged emissions of grit, smoke and odour from the old horizontal retorts. New dwellings in the form of flats and maisonettes are approaching completion on part of the Northern site of the Gas Works. Monthly sulphur records seem to suggest a reduction in the general sulphur pollution, and it is significant that the annual average for the Central Area near Carfax is once more reduced, having reached a new low record of 1.77. Figures since 1954 read 2.2; 2.12; 1.97; 1.80; 2.01; 1.89; and 1.77. This no doubt reflects the extension of smokeless combustion throughout

the Central Area and it is hoped that this will continue steadily.

A reflectometer is now in use for estimating daily smoke stains from the recorder at this office and that at the Geography School. Attention has been directed to the need for more daily recorders instead of monthly SO₂ estimations and discussion with staff of the Fuel Research Station is expected to result in several additional approved points for daily recorders. There is no doubt that sulphur readings on the Cowley Airfield Estate are always higher when the wind is blowing from the Works towards the instrument, and this is obviously allied to the combustion of heavy oil and coal in the factory boilers. Readings, although not excessive, are of course, none the less unwelcome.

Charts showing the records are appended and as usual Carfax continues to show the highest readings.

Thanks are once more due to Mr. F. Parker, the Senior Technical Assistant of the Inorganic Chemistry Department under the direction of Councillor F. M. Brewer, M.B.E. (Deputy Mayor), Mr. A. C. Martin of the Geography School and Professor Gilbert, and to Mr. J. W. Pringle of Morris Motors (Works Engineer) and his Assistants Messrs. Wilson and Laidler.

(xiv) Noise Nuisance

The Noise Act was passed during the year and made of national application powers similar to those possessed by this City Council since 1953 (Oxford Corporation Act). Any three inhabitants may take action under the Act where noise or vibration are considered excessive and unreasonable so as to be a nuisance. The matter may be dealt with as a statutory nuisance under the Public Health Act. The Act also deals with street noises and the operation of loud speakers subject to certain safeguards in respect of public services, communications, travelling fairs and in cases of emergency.

Noise complaints during the year included noise from machinery, fans, deisel operated vehicles, steam under pressure, vibration from compressors, and general road noises which were dealt with by the Police Department. Considerable amount of investigation work took place in regard to noise from the Morris Motors extension building which houses modern paint plant. Over 60 fans operate machinery in this factory building and the steady drone produced during night operations caused concern among residents on the adjoining housing estate. Night visits were made up to 3 a.m. on certain occasions and records of noise were made on tape which were later measured by an audiometer and recorded graphically. Experiment with a special silencer reduced the peak slightly but was not thought adequate for a satisfactory reduction of the noise level. Further investigation is proceeding. Vibration caused by a compressor in an underground room at the factory of Messrs. W. Lucy & Co. Ltd., The Eagle Ironworks, caused concern in houses on the opposite side of the road. Insulation work was carried out but did not

prove completely effective and the compressors were cut off until the elimination problem could be assessed. Noise from a metal baler in an open area also caused local disturbance, while loading and unloading of vehicles at a Laundry and at the Co-operative factories caused complaint. The publication of the Noise Act and the publicity sought by the Noise Abatement League have certainly interested a number of persons who consider that they are subject to noise nuisance capable of abatement under the provisions of the Act. The fact that the Corporation Private Act has been in operation for several years has meant that no new approach has been necessary to the problems only additional efforts to secure abatement whenever possible by informal approach to the persons responsible. It is, of course, difficult to secure complete elimination of factory noise, particularly on sites where planning has permitted industrial development closely adjoining residential property. This will no doubt be cause of concern for years to come, and leaves room for considerable thought in connection with the future siting of industrial activities in the vicinity of residential development.

(xv) Swimming Baths and Bathing Facilities

There are open bathing places on the Rivers Thames and Cherwell which are very popular. These include Wolvercote, Tumbling Bay and Longbridges—all on the River Thames; Parsons' Pleasure and Maid's Delight are within the area of the University on the Cherwell and used by members. Private places on the same river are used by the Dragon School and Lady Margaret Hall. Public bathing places are also open on the Cherwell at St. Clements and at Cutteslowe (Children's Bathing Pool). All provide facilities which are regularly used in the summer months. Swimming baths are provided by the Local Authority at Temple Cowley—a modern pool under cover having constant circulation and modern chlorination treatment plant. Water is supplied from the public mains and is examined regularly for bacteriological and chemical condition by the staff of the City Water Engineer.

Hinksey Open Pools are a popular group which were formerly water service reservoirs, but these are now fitted with efficient continuous circulation, filtration and aeration plant having modern chlorination treatment. Water is supplied from the mains and samples are taken at regular intervals by the staff of the City Water Engineer. School instructional open air baths have been provided at New Marston, Wood Farm and Rose Hill schools. These are provided with continuous circulating plant and chlorine dosage appliances. Daily testing during the season is carried out by school staff and visits are made at regular intervals and sampling carried out by District Public Health Inspectors. These open air pools are constantly subjected to external hazards, and attention is needed frequently to the removal of detritus and floating debris. On the whole, conditions throughout the season were reasonable and no major cause for concern was felt.

The Oxford High School for Girls opened a modern instructional pool later in the year and this is provided with first class continuous circulation, filtration and chlorination treatment plant. It is supervised by school staff and will receive regular visits by the District Inspector now that it is in regular use. The water supply in these baths is also from the public mains.

(xv) Water Supply

The following report has been kindly supplied by the City Water Engineer (Mr. H. H. Crawley, A.M.I.C.E., M.I.W.E.).

The supply of water to the City was adequate throughout the year.

The total quantity of water treated at Swinford Works and pumped to supply during 1960 was 3,091,390,000 gallons, an increase of 123,836,000 gallons on the quantity treated in 1959.

After deducting metered supplies the average consumption per head per day was 23.2 gallons.

Bacteriological Examinations

Samples of water from the River Thames, which is the source of supply, were taken each month together with samples after settlement, after filtration and of the final water leaving Swinford Works.

The results of the examinations of these samples made by the Public Health Laboratory Service showed the following ranges in the probable number of coliform bacilli (2 days at 37°C) per 100 m.l.

River Thames samples	..	..	350 to 35,000
Settled Water samples	..	..	0 to 7
Filtered Water samples	..	..	0 to 2
Final water samples	..	..	0

Bacteriological samples were taken at least weekly from each of the service reservoirs and from consumers' taps in various parts of the area of supply with the following results:—

Place of Sampling	Total No. of samples taken	Results		Satisfactory samples as percentage of total number
		Satisfactory	Unsatisfactory	
Works Cottages ..	12	12	—	100
Beacon Hill Reservoir	52	52	—	100
Headington Reservoir	54	52	2	96.3
Shotover Reservoir ..	53	50	3	94.3
Boars Hill Reservoir	57	47	10	82.4
Brasenose Reservoir	53	51	2	97.0
Consumers' Taps ..	250	235	15	94.0
Totals ..	531	499	32	94.0

Chemical Analyses

Monthly samples of the Raw Thames Water and the Filtered Water were taken and the ranges of chemical constituents were as follows:—

	Raw Thames Water		Filtered Water	
	Max.	Min.	Max.	Min.
<i>Physical Characters—</i>				
Reaction pH	8.4	7.9	8.1	7.5
Colour (Burgess Scale) m.m.s. ..	42	13	30	6
Turbidity; units	50	3.3	8.0	.10
Electrical conductivity at 20°C.	563	482	570	486
	Parts per	million	Parts per	million
<i>Chemical Characters—</i>				
Total solids dried at 180°C. ..	446	327	402	310
Chlorine in chlorides as Chlorion	28	20	30	22
Nitrite Nitrogen	Present	Faint trace	Faint trace	Nil
Nitrate Nitrogen	7.7	4.5	6.7	4.0
Ammoniacal Nitrogen .. .. .	.32	.03	.20	.02
Albuminoid Nitrogen .. .. .	.42	.17	.25	.12
Oxygen absorbed 4 hrs. at 27°C.	5.65	.90	2.30	.46
Alkalinity as CaCO ₃	248	198	239	195
Hardness: as CaCO ₃ : Carbonate	248	179	239	195
Non-carbonate	79	51	95	51
Total	314	248	312	246
Free carbon dioxide as CO ₂	2.7	1.0	21.0	Trace
Residual chlorine	Nil	Nil	.25	Trace
Metals	Nil	Nil	Nil	Nil
Phosphate as P ₂ O ₅	3.0	.20	Not determined	
Silica as SiO ₂	31.2	3.6	„	„
Fluorides .. .. .	.14	.12	„	„

(B) HOUSING CONDITIONS

Steady although not spectacular progress continued to be made in connection with our Slum Clearance Programme in the closing and demolition of houses found to be unfit. Most of these were of course within the St. Ebbe's Redevelopment Area. 60 houses were demolished and 77 families rehoused from unfit properties during the year. One Demolition Order, 24 Closing Orders and 72 Certificates of Unfitness—which relate to properties purchased by the City Council—were made. It is the intention of the Council to demolish these properties after rehousing the occupants.

Considerable progress has been made with the purchase of houses within the St. Ebbe's area following negotiations by the City Architect's Department. Many owners are anxious to sell their property following representations for closure or demolition with a view to avoiding the making of orders. In these cases following purchase by the Local Authority Unfitness Certificates are presented to the Ministry so safeguarding subsidy payments in connection with rehousing of occupants. Purchase by agreement of all the houses included in the Friars Nos. 3, 4, 5 and 6 Clearance Areas was completed during the year in all but two cases. A Compulsory Purchase Order was made in order to secure one property. The Order was confirmed but the house classified as a grey property—so giving the owner/occupier an opportunity of securing market value. The other case although outstanding at the end of the year was soon afterwards purchased by the Council after agreement with the owner.

While procedure for purchase by agreement in the Clearance Areas has been somewhat protracted, it has probably been a more reasonable method of securing the property than Compulsory Purchase Procedure. A considerable number of other houses have been dealt with as individual unfit properties resulting in quicker decisions and conclusion of purchase agreements. Such action may, of course, occasionally lead to embarrassment where an owner wishes to renovate rather than dispose of his property. So far, however, little trouble has been experienced in this regard.

About two-thirds of St. Ebbe's area has now been dealt with. Further housing action is expected to result in much of the remaining area being cleared and already quite a number of negotiations only require completion to enable the Local Authority to clear sites.

A decision on the roads enquiry is awaited with impatience for it will have considerable effect on the area redevelopment proposals. Indeed, the principal obstacle to recent progress has been the absence of a firm decision on road lines through the St. Ebbe's area. Nevertheless, first steps in redevelopment have actually taken place with the erection of several blocks of flats and maisonettes on part of the site of the old gas works, which is situated within that part of St. Ebbe's area not likely to be affected by the roads decision. These dwellings should be occupied



GAS WORKS SITE, ST. EBBES, BEFORE DEVELOPMENT

by the middle of 1961. Many of the cleared sites not required for early development have been prepared as car parks and on account of their nearness to the City centre are proving very popular—meeting a great and ever-growing need for motorists.

The Ministry of Housing and Local Government issued a Circular during the year asking that those Local Authorities which had not completed their 5 year Slum Clearance Proposals should review the position and submit further broad proposals for completion of their programme within a reasonably short time. Review of our progress shows that we have dealt with some 473 houses out of an original programme of approximately 700. It is hoped that those houses still requiring clearance will be dealt with within the next 3 years. A considerable number of sub-standard properties still exist in the City more particularly in the St. Barnabas and Osney Town areas. These might well become the next object of major housing action unless substantial repair and maintenance is carried out. There is indeed considerable need for a programme of improvement and renovation of sub-standard property if we are to ensure a freedom from further unfit housing programmes. Where structure and layout are reasonable, repair and maintenance plus modernisation carried out within a reasonable time could save much needless expense on the construction of new housing which now tends to develop upwards rather than outwards with consequent increase in cost.

Despite the effect of the Rent Act proposals for increasing the rents of small house property, expenditure involved in major repairs and maintenance on much of this type of housing is likely to prove uneconomic. Almost the whole of the activity under the Improvement Grant Scheme has been related to houses occupied by owners. There has been little attempt by landlords to improve their tenanted property mainly because of inadequate returns after considerable expenditure only likely to be partially offset by the Grant Aid Scheme. What seems to be necessary—if Municipal Ownership is not the answer—is a scheme of direct financial aid to property owners based on agreed schemes of renovation coupled to a repayment agreement over a period of years—less any Grant Aid involved by provision of improvements (in fact a sort of Government aided mortgage system). Unless ready cash can be found for small property owners to enable them to repair and modernise their properties I cannot envisage any great progress in this field of housing.

Development of the new Blackbird Leys Housing Estate at Cowley has made great strides during the year with the erection of a new Health Centre and several groups of shops. A school has been completed and progress is being made towards the provision of churches and other community buildings. Considerable demolition work has been carried out on the new Cowley community centre site at Between Towns Road where a large modern shopping precinct is to be provided. Much interest is being shown by major shopping concerns in providing retail premises for the new development. These should meet a great need and provide

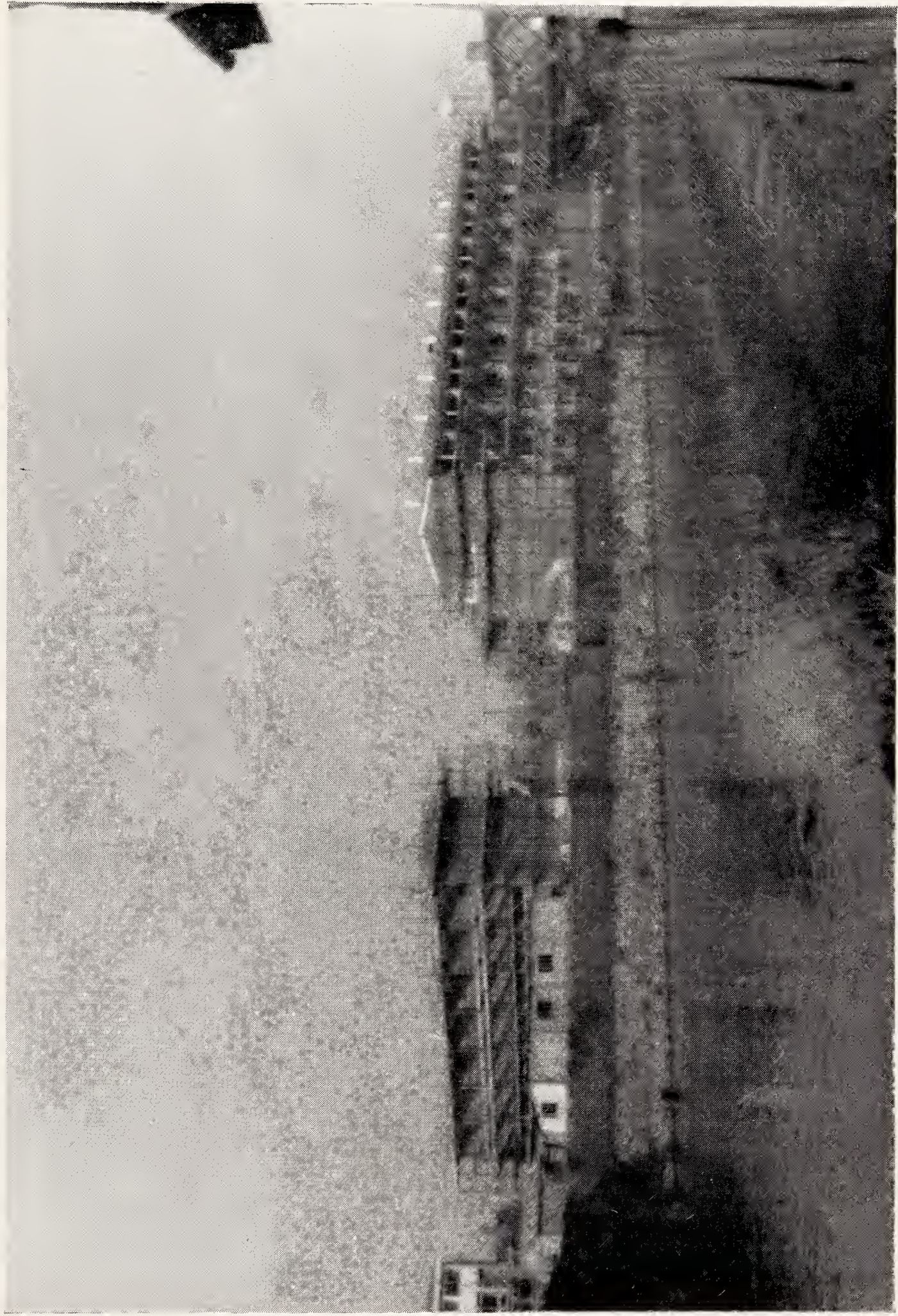
a useful shopping centre for families occupying the new estates recently developed near the factory sites.

There is still a grievous shortage of jobbing labour which hampers progress in house repair work. Once again very few applications for Certificates of Disrepair under the Rent Act have been received from tenants, and that part of the Act seems to have been a wasted effort for it has made very little impression on housing conditions generally. The operation of de-control provisions by the Rent Act did not result in any great hardship to those families affected. The Health Committee with the co-operation of the Housing Committee have completed arrangements for the use of huts supervised by a resident warden on the Slade Park Estate—as Part III Accommodation—in place of temporary accommodation so far used at the Laurels Hostel at Headington. This old building formerly the poor law workhouse is to be cleared and the site redeveloped.

1,568 Land Charges were replied to through the Town Clerk's Department suggesting considerable activity in the house property market. House prices were sustained during the year with general shortage continuing—demand being much ahead of supply. The City Engineer kindly informs me that 105 applications were received for Discretionary Grants during the year and of these 91 were issued to a total value of £20,287. 76 applications were received in respect of Standard Grants and 73 were approved. The maximum permitted value of these Standard Grant applications was approximately £7,460 although the actual figures will not be known until the work is completed and accounts approved. Most of the grants were in relation to owner/occupier properties.

31 visits were made to premises in the City with regard to overcrowding and 12 cases were successfully dealt with by informal action. The most acute cases were associated with occupation by immigrants who having come to Oxford for work have been unable to secure separate accommodation. They tend to group together in rooms usually rented from a compatriot who may be purchasing the house on mortgage. There seems a growing tendency for this sort of development and it is difficult to impress upon the occupants the fact that they are infringing housing law, and indeed sometimes public health law by reason of their general standards of living. The problem so far in Oxford is not large but could become very embarrassing if not carefully watched at the outset. It is, however, pertinent to remark that the worst case of overcrowding discovered during the year was in respect of grossly insanitary conditions connected with a number of local unskilled labourers who crowded into one or two rooms above a cafe and slept there in most disgusting conditions. The premises had been farmed out by the Cafe Proprietor who was under notice from this Department and firm quick action was necessary in co-operation with the owner of the premises to secure abatement of the overcrowding and prevention of nuisance. The premises were eventually closed under the Housing Act.

Apart from these cases there would not appear to be extensive overcrowding of premises within the City.



A START WITH DEVELOPMENT ON GAS WORKS SITE

Repairs and Improvements carried out, 1960

Items	Dwelling Houses	Food Premises	Other Premises	Total
Accumulations Removed ..	10	15	2	27
Animal Nuisances Abated ..	—	—	—	—
Cooking Accommodation ..	1	5	—	6
Dampness Remedied	27	3	—	30
Dustbins	5	14	—	19
Drains Tested	4	3	1	8
Drains/Waste Pipes Cleared ..	10	8	1	19
Drains/Waste Pipes, etc. Repaired	9	8	—	17
Doors/Windows Repaired ..	31	12	—	43
Ditches/Streams Cleansed ..	3	—	—	3
Floors Repaired/Renewed ..	17	21	—	38
Food Cupboards	—	8	—	8
Food Lifts—Cleaned/Rep. ..	—	3	—	3
Food Hygiene (Coverings) ..	—	1	—	1
Gutters, Spouting	39	1	—	40
Hot Water Supply	2	11	—	13
Lighting Improved	1	15	1	17
Manure Pits Emptied/Rep./Im- proved	—	—	—	—
Piggeries Cleansed/Repaired ..	—	—	—	—
Roofs Repaired/Renewed ..	33	3	—	36
Rooms Cleansed/Redecorated ..	3	35	—	38
San. Accom. Prov./Rep. ..	11	14	1	26
San. Accom. Cleansed and Re- decorated	1	24	10	35
Sinks/Wash Basins Rep./Prov ..	3	28	—	31
Sites Cleared	49	1	—	50
Smoke Nuisances (Industrial) ..	—	2	—	2
Smoke Nuisances (Clean Air Zone)	20	—	—	20
Stables Cleansed	—	—	—	—
Ventilation Improved	1	7	3	11
Walls and Chimneys (External) ..	12	1	—	13
Walls and Ceilings (Internal) ..	57	117	4	178
Water Supply Prov./Reinstated	2	6	1	9
Water Heaters Provided	—	15	—	15
Water Supply Installed	1	2	1	4
Yards Repaired, etc.	3	3	—	6
Other Nuisances	5	26	6	37
Totals	360	412	31	803

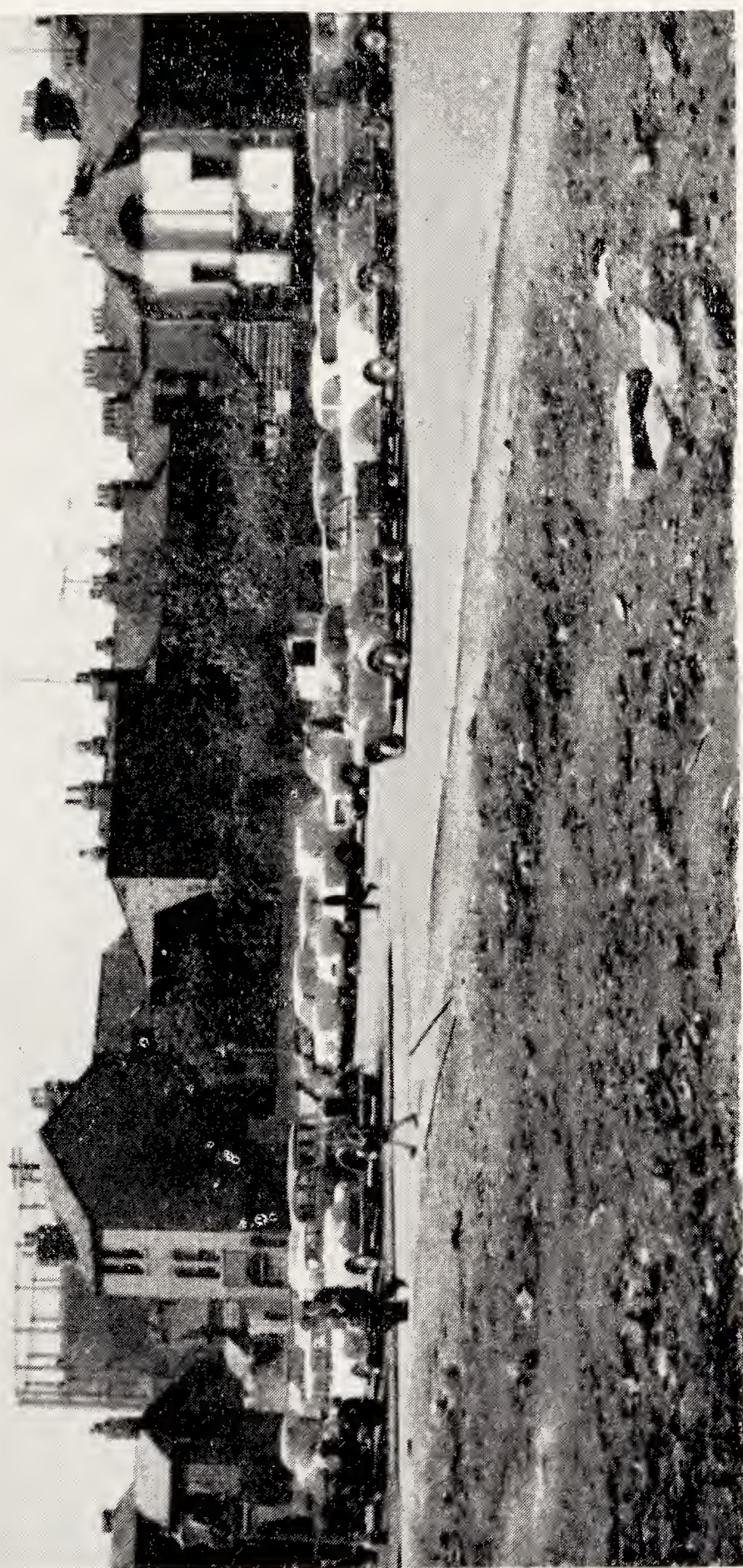
(C) SUPERVISION OF MILK, MEAT AND OTHER FOOD SUPPLIES

(i) Milk and Milk Products

There were 69 distributors on the register at the end of the year as compared with 55 for the previous year. The Co-operative Society heat treatment plant—now completed—is operated satisfactorily and forms part of a comprehensive development of food factories by the Oxford Society which includes modern buildings for the preparation of meat, meat products, confectionery and milk. The Department concerned with confectionery is the least modern of the group but it is hoped that it may be re-organised in the not too distant future. The Co-operative milk depot is the only one operating heat treatment plant within the City. Milk is collected from a wide area and all milk is processed in modern H.T.S.T. pasteurisation plant. A large cold store accommodates trailers stocked with bottled pasteurised milk so that roundsmen can be assured of an early morning distribution of the milk. Two other large depots outside the City having modern treatment plant working to a satisfactory standard contribute to the general supply. Only a few pints of specially ordered T.T. raw milk are sold within the City, no ungraded milk being available, as the City is of course within a “special designation” area. 44 shopkeepers sell bottled milk as received from treatment depots and sterilised milk is distributed by several dairymen and by the Oxford Co-operative Society through their various branch shops.

103 samples of milk were examined by the Gerber process for assessment of milk fat content and estimation of non-fatty solids. 33 samples of Channel Island quality milk showed a fat content averaging 4.50% with non-fatty solids at 9.04%. 70 samples of ordinary designated milk averaged a fat content of 4.03% with non-fatty solids at 8.72%. These figures are certainly above average and are an encouraging sign of improving quality—being well above last year’s results. Only 4 samples proved to be slightly below standard, one of Channel Island and 3 of ordinary designated milk. They were not referred to the City Analyst. A considerable amount of quality assessment is carried out by the operators of the daily depots supplying the City with milk. Sub-standard supplies are referred to this Department so that follow up may be carried out. Close liaison exists with the Management of the depots concerned and it is pleasing to record their active interest and co-operation in-so-far as the hygienic standards of their products are concerned.

Reduction in the number of samples tested for keeping quality is related to the concentration of the milk supply in the depots already mentioned. Regular sampling throughout the City is carried out with careful regard to source and treatment so as to ensure an adequate picture of milk distribution and keeping quality. Of the 370 samples taken some 180 satisfied the keeping quality test under normal temperature conditions. 176 satisfied the test despite abnormal laboratory temperature (which is a factor deciding the test result) while 21 samples were declared



CLEARANCE IN ST. EBBES AND USE FOR CAR PARK

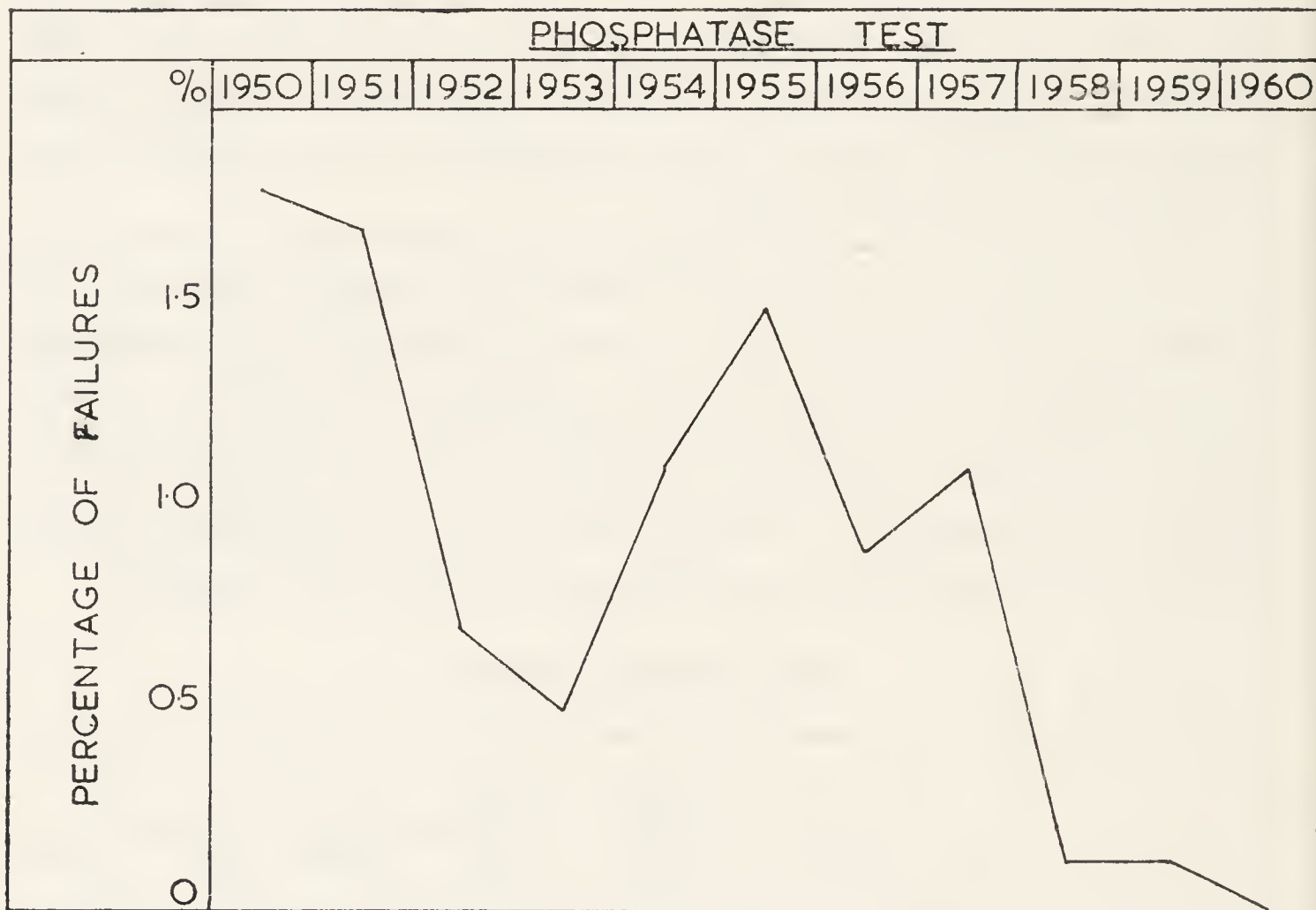
void by reason of abnormal temperature. No sample completely failed the test. Pasteurised milks were also subjected to the phosphatase test and in all cases satisfied the test. 13 additional samples of sterilised milk were examined by the turbidity test and found to be satisfactory. Milk keeping quality and treatment is therefore maintained at a high level and reflects considerable credit on those responsible for the production and handling of the City milk supply.

There has been (of recent months) an increased interest shown in the infection of milk by the *Brucella abortus*, an organism responsible for Undulant Fever in human beings. In co-operation with the Oxfordshire County Inspector, arrangements were made for that Officer to sample in-coming milks at the Co-operative Society depot. This gave an opportunity to assess the milk of each producer in so far as *Brucella abortus* infection was concerned. The Ring test is used as a preliminary sorting method with more detailed investigation when the test is positive.

Milk Sampling Results

	Samples Tested	Satis. (Normal Lab. Temp.)	Satis. (Abnormal Lab. Temp.)	Total Satis.	Declared Void	Failed
Raw Milk (<i>Methylene Blue Test</i>)						
T.T. (Farmbottled)	—	—	—	—	—	—
T.T.	3	3	—	3	—	—
Ungraded	10	10	—	10	—	—
Total	13	13	—	13	—	—
Heat Treated Milk (<i>Methylene Blue Test</i>)						
Pasteurised ..	128	61	62	123	5	—
T.T. (Pasteurised)	249	119	114	233	16	—
Total	377	180	176	356	21	—
Heat Treated Milk (<i>Phosphatase Test</i>)						
Pasteurised ..	128	128	—	128	—	—
T.T. (Pasteurised)	249	249	—	249	—	—
Total	377	377	—	377	—	—
(Heat Treated Milk <i>Turbidity Test</i>)						
Sterilised	13	13	—	13	—	—
Total	13	13	—	13	—	—

Phosphatase Test Percentage Table
1950—1960



Samples taken from school milk supplies all proved satisfactory.

Tubercle Bacilli in Milk

By arrangement with the staff of the Public Health Laboratory only a few milk samples were examined biologically, there being an acute shortage of guinea pigs. 3 samples proved negative.

Ice Cream

Ice cream dealers on the register numbered 447 as against 390 during 1959. Most ice cream is manufactured by large firms of national repute and sold pre-packed, there being little unwrapped ice cream sold in the City.

Ice cream has become established as a normal article of diet and a number of depots in and near the City now store large quantities of pre-packed ice cream for distribution throughout the area. While the weather has a decided effect on sales there is always a ready market and quality generally is maintained at satisfactory level. 30 samples taken under the Food and Drugs Act for quality averaged 11.86% fat, 15% sugar and total solids at 30.8%. 40 samples examined for bacteriological standard showed 35 in grades 1 and 2 (satisfactory) and 5 in grades 3 and 4 (unsatisfactory).

(ii) Clean Food Campaign

(a) Inspection of Food Premises

4,980 visits were made during the year to food premises of all kinds for purpose of control under the Food Hygiene Regulations. 27 "on the spot" yellow tickets were served and usually resulted in immediate attention to the points made. Most food handlers now realise the penalties involved for careless handling and inadequate attention to hygienic detail and the use of these special informal notices has kept food handlers away from the courts. As mentioned under paragraph (v) Markets—Improvements in the covered market continue with the exception of the proposal for a fish precinct which has unfortunately been deferred because of uncertainty of future Central City Redevelopment.

Inspection of Food Premises

Premises	No.	Inspections
Bakehouses	18	121
Butchers	79	456
Cake Shops	29	142
Confectioners	74	201
Dairies and Milk Shop	64	165
Fishmongers and Poulterers	23	197
Preparation and Service of Food	154	1,181
Fruiterers and Greengrocers	75	310
Grocers	238	843
Ice Cream Manufacturers	5	36
Miscellaneous (including Ice Cream Retailers, etc.)	—	1,907
Open Stalls, Hawkers, etc.	126	262
St. Giles' Fair Food Stalls	52	655
Visits <i>re</i> Sampling	—	306

(b) Hygiene, Education and Publicity

Our efforts to educate food handlers and the general public in good hygienic methods continued steadily throughout the year and constant use was made of our visual aids which include coloured film strips, coloured slides, samples of various kinds to illustrate special points of interest and a comprehensive set of mounted insects commonly found in food premises, dwelling houses and domestic environment. Organised lectures have been arranged for Domestic Science and School Leaver Classes, Food Trade Associations, including the Licensed Victualling Trade, a course to Co-operative Apprentices in meat hygiene, etc., and lectures are given to Medical Students, District Nurses and Nursery Nurses in relation to their official qualifying examinations, and there is constant demand from local Guilds and Institutes for talks on the work of Public Health Inspectors or of some section of their work such as housing, clean air or food hygiene. Excellent support has been provided by the local press and as usual Health Committee reports are scanned for interesting incidents relating to food complaints. 87 talks or lectures were given during the year by the Chief and Deputy Chief Public Health Inspectors.

(c) Slaughterhouse Hygiene

An attempt was made to interest the staff at the Co-operative Slaughterhouse in hygienic cleansing methods, and an offer by a specialized firm to use their special TEGO outfit with TEGO solution for spraying and cleansing slaughterhouse walls, floors and fittings was accepted and arrangements completed for regular treatment of the slaughterhouses at week-ends. The slaughterhouse hanging and cooling rooms and all apparatus were thoroughly cleansed and sprayed with TEGO solution each Friday after completion of the week's routine. On the following Monday morning before work commenced, swabs were taken at a number of points on floors, walls, inspection area and rails, the cutting table and the cooling hall. With the co-operation of Dr. Frisby at the Public Health Laboratory results were assessed, bacteriological counts made and the presence of *Cl. welchii*, faecal Coli and other pathogens noted. The exercise lasted some 16 weeks after which a reversion to normal cleansing was permitted. Reduction in organisms was quite startling, figures being very high on the first few examinations, thereafter rapidly decreasing remaining comparatively small throughout the remainder of the period. *Cl. welchii* persisted in one or two places such as the slaughterhouse floor, the pig slaughter floor and the cutting table, but at other points there was a dramatic reduction. The number of bacteria found in the most highly contaminated areas was also considerably reduced by the end of the period. Following completion of the tests and return to ordinary conditions, bacteriological results soared to new heights emphasising the effectiveness of the hygiene routine. The detergent properties of TEGO were found valuable in the removal of fat and grease although it was disappointing that constant hot water was not available for the apparatus used owing to difficulty involved in supply connection. The exercise, however, convinced all concerned of the advisability of regular cleansing, and interest was maintained in regular attention to walls and apparatus thereafter.

Some months afterwards, a further exercise was practised using Hytox—a hypochlorite solution. Results were similar, immediate reduction in general organism counts being achieved with a reduced number of places contaminated by *Cl. welchii* or faecal Coli and continued reduction in the number of those organisms.

It is clear that the use of a suitable detergent steriliser has much to commend it and regular thorough cleansing of premises and appliances is essential if good hygienic standards are to be maintained. The slaughterhouse staff are now much keener on such regular thorough cleansing and it is hoped that this will continue.

See attached table.

TEGO

Slaughterhall Slip Floor		Slaughterhall Wall		Pig Floor		Inspection Floor		Inspection Wall		Table		Head Rail		Cooling Room Wall	
22°C	37°C	22°C	37°C	22°C	37°C	22°C	37°C	22°C	37°C	22°C	37°C	22°C	37°C	22°C	37°C
72,200	62,800*	2,000	10,600*	U/C	U/C*	U/C	U/C*	U/C	U/C*	U/C	U/C*	U/C	U/C*	64,400	10,200*
500,000+	500,000+	43,000	21,000	500,000+	91,000	500,000+	500,000+	264,000	110,000	28,000	16,000	160,000	216,000	720,000	416,000
3,000	5,800	—	2,600	6,000	8,600	0	2,400	10,800	U/C	4,200	1,200	U/C	U/C	800	600
96,000	23,800*	500	600	4,800	2,200	64,700	2,800	15,200	3,800*	Table Removed		U/C	U/C*	500	200
50,000+	56,000*	2,300	1,400	84,600	22,400	22,400	14,000	4,200	3,600	13,200	8,000	500,000+	50,000+*	100+*	100-
50,000+	50,000+*	300	200	17,600	38,400*	67,000	500,000+*	300	100-	24,000	320,000*	500,000+	500,000+*	100-	0
24,000	8,700*	300	200	63,200	20,400	3,900	2,200	500	300	8,800	2,600*	29,600	18,700	100-	100
25,600	3,000	100-	100	40,800	20,200*	50,000+	50,000+*	500	600	6,500	1,400*	56,000	86,000	400	400
392,000	407,000*	1,400	4,200	440,000	93,000*	56,000	61,000*	24,000	20,000	66,400	52,800*	4,800	15,200*	800	12,000
4,200	1,800	Spreader	600*	6,000	2,200*	500	800	100-	100	Spreader		100	400	100	800
5,000	1,000	100-	100-	8,400	1,300*	1,200	300	100	200	11,200	300*	100	100	100-	100-
167,000	117,000*	200	8,500	2,000	100*	13,000	2,400*	400	600	31,100	5,000	4,700	1,200	11,000	100-
2,000	2,000	17,000	1,000	4,000	900	6,000	8,000	16,000	100-	100	500	100	300	100-	100-
2,200	700	100	100-	3,700	400	200	100	100-	100	100	200	300	400	100-	100
†92,000	4,000*	3,000	100	126,000	38,000*	1,000	100	700	500*	7,400	1,400*	400,000	128,000*	1,000	100
†1,000	700*	100-	200	168,000	28,000	8,000	2,500	6,900	42,000	2,000	1,900	212,000	344,000	9,600	160,000

* Cl. welchii
U/C = uncountable.
† The final two readings indicate results without use of TEGO solution.

HYTOX

1. 50,000	Spreader*	2,500	5,000	50,000+	Spreader*	50,000+	50,000+*	Spreader	50,000+*	50,000+	50,000+*	50,000+	50,000+*	4,200	7,400*
2. 560	800*	10-	200	440	2,040	220	120	30	220	1,000	1,440	480	90	80	40
3. 500	300	100-	100	2,500	1,000*	700	300	100-	100-	100-	200	1,100	400	100-	100-
4*. 4,400	16,800*	400	400	136,000	50,000*	750,000	600*	100-	100-	11,600	5,200*	160,000	50,000+*	200	200
5. 100-	400	100-	100-*	3,000	4,800*	2,300	400	100	300	100-	100-	100	100-	100-	200

* N.B. Week 4 Slaughterhouse in use on Friday

(iii) Meat Inspection

34,321 animals were slaughtered during the year being a slight increase over the figure for the previous year (34,122). Of the two private slaughterhouses within the City which supply the City needs, the Eastwyke Farm unit showed an increase of some 2,000 animals over the previous year while that of the Co-operative Society showed a corresponding decrease—mainly in sheep. The Co-operative Society slaughterhouse has been modernised and is now operating in satisfactory manner. It forms, with other food factory premises of the Society, a pleasing set of buildings which are to be officially opened early in 1961. The meat products factory is one of the finest in the Southern area and provides a very high standard of hygienic finish and production of small goods.

A full scheme for modernisation of the Eastwyke Farm premises cannot be proceeded with on account of the now famous controversy on Oxford relief roads. One of the proposed road lines runs very close to the Eastwyke Farm premises and would materially affect their use if eventually adopted. A Government statement is expected in 1961 following which a decision will be made on the work to be carried out. If in fact the Eastwyke Farm road line is accepted the whole question of slaughtering will need reassessment. The premises in their present condition are of course most unhygienic and almost impossible to operate in a clean and satisfactory manner. Much credit is due to the staff for their efforts to cope with what is always a difficult task.

Cold storage continues to be available at the premises of the Co-operative Society, Deep Freeze Company at Wolvercote, and at the Bakeries of Messrs. Weeks & Company and Oliver & Gurden Ltd. Carcases of animals affected by *Cysticercus Bovis* are placed in these stores in accordance with the advice set out in Memo 3 on Meat Inspection.

Meat Inspection at each slaughterhouse continues on a rota basis of weekly duty (approximately one in three) so giving each Inspector a little respite from district duties and helping to maintain interest in practical meat inspection. Slaughtering hours have been limited by agreement with the operators and are consistently maintained from Monday to Friday, there being no slaughtering carried out on Saturdays or Sundays or Bank Holidays unless for exceptional emergency reasons. It is unusual for slaughtering to extend far beyond normal office hours during the week. Excellent co-operation exists with the staffs of both firms and they are to be commended for their successful efforts in maintaining slaughtering within normal hours.

Details of throughput at each slaughterhouse are as follows:—

				<i>Eastwyke</i>	<i>Co-op</i>
Bulls	..	..	..	1	—
Steers	..	..	..	973	1,073
Cows	..	..	..	154	549
Heifers	..	..	..	611	1,425
Calves	..	..	..	853	332
Sheep	..	..	..	8,628	9,597
Pigs	..	..	..	3,979	6,146
				<hr/>	<hr/>
				15,199	19,122
				<hr/>	<hr/>
				Total:	34,321
				<hr/>	<hr/>

1951—1960

The total number of animals slaughtered and inspected at the slaughterhouses in this City have averaged over the last 10 years=30,921 animals per year, and the present throughput is well over this average.

Cysticercus Bovis

19 suspected cases of this condition (tape-worm cysts) were discovered in bovine carcasses as against 15 in 1959, and 27 in the previous year. In every case cold storage precautions were insisted upon and reference to origin of the animal made to the Divisional Veterinary Officer of the Ministry. Of the 19 cases found, 15 were confirmed by laboratory procedure and 2 were returned as being probably de-generate *Cysticercus Bovis* cysts. The other two were returned as granulomata, impossible to identify positively. Of these 4 uncertain cases 3 were found in heart muscle and one in the cheek while of the 15 positive cases, 14 were in masseter (cheek) muscles and one only in heart muscle.

Liver Fluke (Fascioliasis)

This affection of cattle and sheep involves the bileducts of the liver and often ruins the liver tissue as food. Weather conditions affecting low lying pastures are said to be of significance and consequently figures vary from year to year according to the condition of the pastureland on which the animals concerned have grazed. There was reduced incidence at the slaughterhouses during 1960 particularly in the livers of sheep.

Year	Bovines Inspected	Bovines Affected	Per-centage	Sheep Inspected	Sheep Affected	Per-centage
1952	11,823	1,288	10.81	15,602	377	2.41
1953	9,502	1,119	11.75	15,017	541	3.57
1954	8,982	734	8.14	18,079	254	1.39
1955	6,392	777	12.12	12,847	197	1.51
1956	7,779	1,057	13.52	17,722	205	1.14
1957	6,310	548	8.66	11,042	29	0.26
1958	5,542	668	12.02	11,491	59	0.51
1959	4,993	1,176	23.55	19,066	641	3.36
1960	5,971	1,068	17.88	18225	182	0.99

Tuberculosis

The following table and graph show a spectacular reduction during the last few years in the incidence of this important disease. Virtual elimination in cattle has been achieved and a very much reduced incidence in pigs, although there was a slight increase in the latter during 1960. While there cannot be many areas showing better figures than ours there is no doubt that systematic veterinary examination and elimination throughout herds in the country has attained a remarkable reduction in Tuberculosis disease of cattle. The Ministry are believed confidently to expect the elimination of the disease as a major affection of cattle in the near future. It may then be possible to devote more time to elimination of *Brucella abortus* infection of cattle which is responsible for the condition known as Undulant Fever in man. Raw milk from infected cows is usually the cause. It was decided during the year to submit for laboratory diagnosis lymph nodes from pigs found with any condition simulating Tuberculosis. Infection of the nodes of these animals with *Corynebacterium* (Pseudo-tuberculosis) may be mistaken for true Tuberculosis. The Public Health Laboratory Service staff readily agreed to co-operate in the diagnostic procedure.

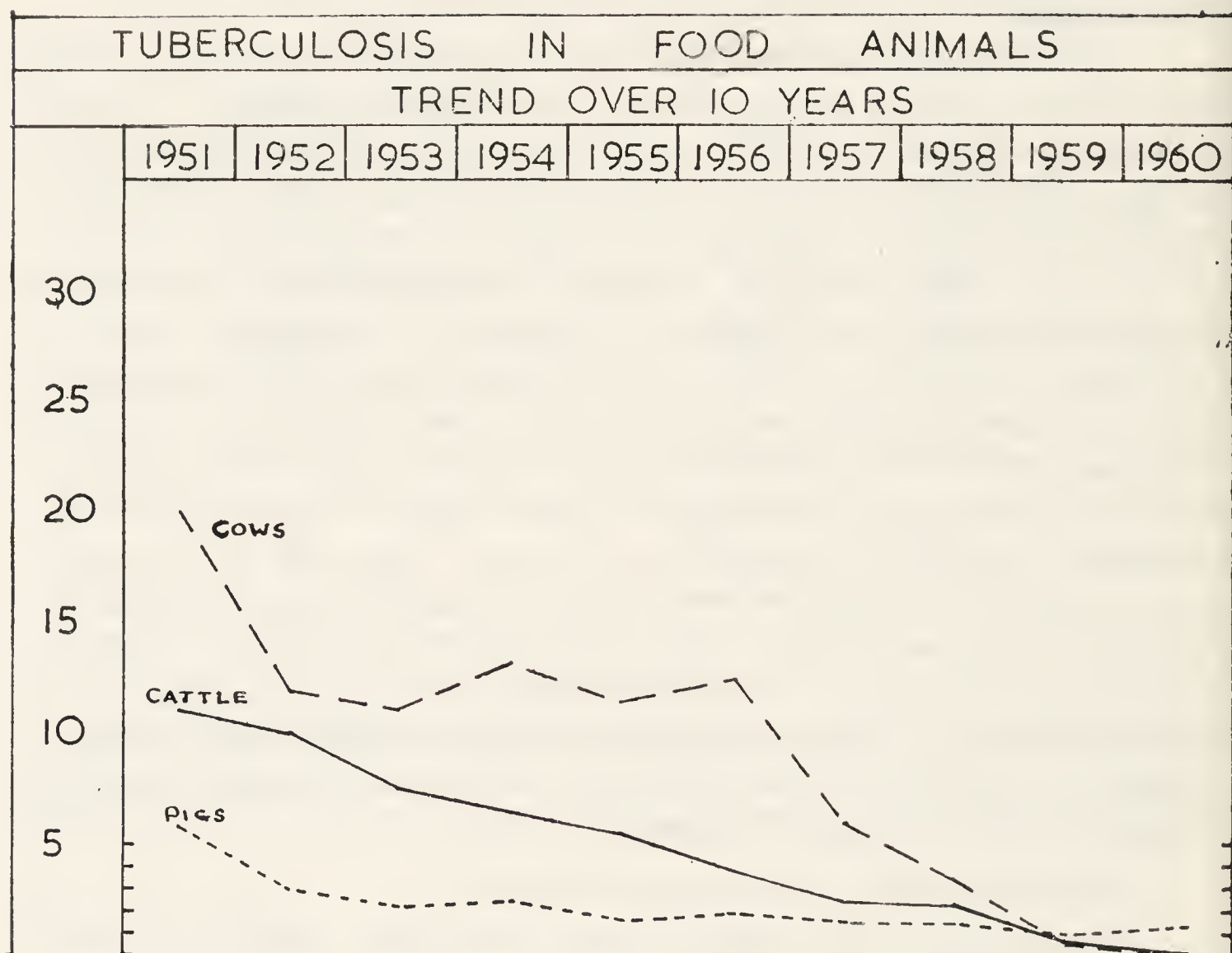
The results so far achieved are as follows:—

Number of pigs from which samples were taken	29
Number diagnosed as Tuberculosis	21
Number diagnosed as Pseudo-tuberculosis ..	Nil
Number diagnosed as Other Conditions ..	8 (4 of these were returned as being sinus catarrh).

Of the positive cases, one on isolation and culture appeared to be of the human type. Information secured pointed to the origin of the animals as an Oxfordshire pig farm near Woodstock. Subsequent investigation, however, failed to confirm the source of the animals as they had been purchased as market stores and no further information could be secured. The Divisional Veterinary Officer was, however, proceeding to test the animals on the farm for reactors.

Percentage of Animals affected with Tuberculosis

	Cattle	Cows	Calves	Pigs
1951	11.0	20.3	0.1	5.9
1952	9.8	12.0	0.09	3.0
1953	7.5	11.2	0.09	2.2
1954	6.5	13.3	—	2.5
1955	5.7	11.4	0.08	1.9
1956	4.8	12.5	0.1	1.8
1957	2.5	6.1	0.05	1.6
1958	1.8	4.4	—	1.4
1959	Adult Cattle 0.7		—	0.9
1960	0.07	0.01	—	1.34



Tuberculosis in Food Animals, 1960

Portions dealt with	Bovines	Pigs	Totals
	No.	No.	No.
Whole Carcasses	—	—	—
Part Carcasses	—	66	66
Whole Offal	2	—	2
Part Offal	2	71	73
Totals	4	137	141

Inspections and Condemnations, 1960

	Adult Cattle	Calves	Sheep and Lambs	Pigs
Number killed	4,786	1,185	18,225	10,125
Number inspected	4,786	1,185	18,225	10,125
All diseases <i>except</i> Tuberculosis:	No.	No.	No.	No.
Whole carcasses condemned ..	2	2	4	7
Carcasses of which some part or organ was condemned ..	1,472	3	374	749
Percentage of the number inspected affected with disease other than tuberculosis ..	29.4%	0.42%	2.1 %	7.4 %
Tuberculosis only:				
Whole carcasses condemned ..	—	—	—	—
Carcasses of which some part or organ was condemned ..	4	—	—	137
Percentage of the number inspected affected with tuberculosis	0.08%	—	—	1.34%

Diseases other than Tuberculosis in Food Animals, 1960

				<i>Carcase</i>		<i>Offal</i>	
				Total	Partial	Total	Partial
<i>Adult Cattle</i>							
Johne's disease .. ..	..	..	..	—	—	—	2
Actinomycosis or bacillosis ..	..	..	..	—	1	3	19
All septicaemia conditions ..	..	..	..	1	—	1	1
Pneumonia and/or pleurisy ..	..	..	..	—	—	1	20
Parasitic pneumonia .. ..	..	..	..	—	—	—	1
Mastitis .. .. .	..	..	..	—	—	—	3
Peritonitis .. .. .	..	..	..	—	—	—	3
Fascioliasis (fluke) .. ..	..	..	..	—	—	—	1,068
Cysticercosis (<i>C. bovis</i>) ..	..	..	..	—	1	1	16
Echinococcosis .. .. .	..	..	..	—	—	—	9
Hepatic abscess .. .. .	..	..	..	—	1	—	253
Bruising .. .. .	..	..	..	—	2	—	—
Other conditions .. .. .	..	..	..	—	1	15	50
Totals .. .. .	..	..	..	1	6	21	1,445
<i>Calves</i>							
All septicaemia conditions ..	..	..	..	—	—	—	—
Joint-ill or navel-ill .. ..	..	..	..	1	—	1	—
Immaturity .. .. .	..	..	..	1	—	—	—
Other conditions .. .. .	..	..	..	—	—	—	2
Totals .. .. .	..	..	..	2	—	1	2
<i>Pigs</i>							
Swine erysipelas .. .. .	..	..	..	—	—	1	—
All septicaemia conditions ..	..	..	..	1	—	1	—
Pneumonia and/or pleurisy ..	..	..	..	—	—	—	361
Pyæmia .. .. .	..	..	..	1	1	—	5
Echinococcosis .. .. .	..	..	..	—	—	—	—
Ascariasis (milk spot) .. ..	..	..	..	—	—	—	283
Bruising .. .. .	..	..	..	—	1	—	—
Other conditions .. .. .	..	..	..	5	4	20	72
Totals .. .. .	..	..	..	7	6	22	721
<i>Sheep</i>							
All septicaemia conditions ..	..	..	..	—	—	—	—
Fascioliasis (fluke) .. ..	..	..	..	—	—	—	182
Pneumonia and/or pleurisy ..	..	..	..	—	—	—	13
Parasitic pneumonia .. ..	..	..	..	—	—	—	—
Cysticercus bovis .. .. .	..	..	..	—	—	—	1
Echinococcosis .. .. .	..	..	..	—	—	1	31
Bruising .. .. .	..	..	..	1	—	—	—
Other conditions .. .. .	..	..	..	3	2	12	134
Totals .. .. .	..	..	..	4	2	13	361

Unsound Meat

Last year I referred to the fact that no legislation had been brought into force requiring the sterilisation of unsound meat before removal from a slaughterhouse. In November 1960 the Meat (Staining and Sterilisation) Regulations 1960 came into force and requires that all meat which is unfit for human consumption must be sterilised before it is sent from a slaughterhouse. Where there are no facilities for sterilisation at such slaughterhouse, provision is made in the Regulations for the meat to be removed by arrangement with an authorised Officer of the Local Authority to a place where it will be sterilised or destroyed. All necessary precautions are required to be taken to ensure that the meat is delivered intact to the approved destination. All meat from knackers' yards is required to be stained or sterilised before leaving the premises. Port Health Authorities are required to satisfy themselves that imports of unfit meat are sterilised as soon as possible after landing in this country. Retailers of pets' meat will no longer be able to secure unfit meat from slaughterhouses or from abroad unless it has been sterilised. Meat traders are required to satisfy the Local Authority about arrangements for sterilisation or disposal of any unsound meat found from time to time in their possession. Exemptions refer to hospitals, medical or veterinary schools, manufacturing chemists, zoos, menageries, mink and trout farms and processors of unsound meat who may obtain supplies provided they are transported in locked containers or in vehicles appropriately marked—"Unfit for Human Consumption".

This is a long overdue measure. Staining of meat is not a satisfactory solution to the problem and is a messy operation in any case. Unsound meat from the Oxford Slaughterhouses is collected by an approved processor who transports it in vehicles properly marked and certifies that the material is consigned to an approved plant where it is treated for recovery as animal feeding stuffs, fertiliser, etc. A small amount is still authorised for use at dog kennels and mink farms locally and of course organs are still available for pharmacological purposes. It is again pleasing to refer to the very small amount of meat condemned locally which reflects the good quality of animals slaughtered within the City. There has been a welcome increase in cold storage provision at the Co-operative Society premises and it is hoped that further accommodation will be provided by other firms in future. It was not necessary during the year to seize any meat for condemnation.

(iv) Sampling of Food and Drugs

151 (214) samples of food and drugs were submitted to the Public Analyst and of these 6 (15) were returned as non-genuine. No liquid milk was submitted this year to the Public Analyst—reliance being placed on the Gerber processing in the office laboratory and these preliminary examinations proved satisfactory. Arrangements are of course made for suspected milks to be notified by local depots, whenever incoming supplies

are found to be sub-standard. There were none giving rise to concern during the year. The six non-genuine samples included:—

- (1) Minced beef with gravy—misleading label—label reprinted and subsequently approved.
- (2) Beef steak with gravy—62% meat content, considered inferior article—letter to retailer requesting improved quality, above 65%.
- (3) Stewed steak with gravy—62% meat, inferior article—letter to retailer requesting improved quality, above 65%.
- (4) Pork pie—heavily infected with mould—Prosecution—fine of £20 with £2 10s. costs.
- (5) Skimmed milk powder—contained dark particles, diagnosed as overheated milk powder—withdrawn from stock as inferior article
- (6) Buttered slice of brown loaf—contained portion of yeast and hessian—warning to bakery *re* quality.

A Prosecution was successful in respect of the mouldy pork pie and the following cases involved warnings by the Health Committee, in each case reference being made to the possibility of Statutory Proceedings if further cases occurred.

Veal, ham and egg pie containing halfpenny buried underneath the crust.

Loaf consisting of a mixture of brown and white dough.

Bread bun containing moth larva.

Sausage roll containing twig.

Tomatoes wrongly marked (Merchandise Marks Act).

Cherry and Walnut sponge cake in mouldy condition.

Fancy fruit loaf in stale condition.

$\frac{1}{2}$ pint bottle of milk containing cement dust.

Mouldy ginger cake.

Mouldy cream filling of chocolate cake.

Bottle of Orangeade containing clots of dirt.

White loaf containing pieces of wire.

Brown loaf containing string and hessian.

Brown loaf containing portion of identity label.

Of the articles examined by the Public Analyst, some 30 consisted of ice cream which were all genuine and of good quality, as were 12 flour products of various kinds, 14 of beef sausages and 12 of pork sausages and one sample of sausage meat. This is pleasing because quality of sausages and sausage meat has not been altogether satisfactory in previous years. A list of articles examined is given herewith.

Samples taken for Analysis during the year 1960

Article	No. of Samples obtained			Result of Analysis	
	Formal	Informal	Total	Genuine	Non-Genuine
Beverages	—	10	10	10	—
Brown loaf (slice)	—	1	1	—	1
Chipolato sausages ..	—	1	1	1	—
Claret	—	1	1	1	—
Coconut (dessicated)	—	1	1	1	—
Confectionery	—	3	3	3	—
Cooking fat	—	4	4	3	1
Cream (canned)	—	2	2	2	—
Dried milk	—	2	2	1	1
Fish cakes	—	1	1	1	—
Flour products	—	12	12	12	—
Fruit	—	1	1	1	—
Fruit (dried)	—	1	1	1	—
Ice cream	—	30	30	30	—
Meat (canned)	—	13	13	12	1
Meat (prepared)	—	7	7	6	1
Mincemeat	—	3	3	3	—
Nuts	—	1	1	1	—
Pork pie	—	1	1	—	1
Preserves	—	8	8	8	—
Sauce	—	8	8	8	—
Sausages (beef)	—	14	14	14	—
Sausages (pork)	—	12	12	12	—
Sausage meat	—	1	1	1	—
Spice	—	4	4	4	—
Spread	—	3	3	3	—
Suet	—	1	1	1	—
Vegetables (dried and canned)	—	4	4	4	—
Drugs:—					
Aspirin	—	1	1	1	—
Totals	—	151	151	145	6

There seems need for further careful attention to food and drug sampling, having regard to the considerable amount of food now manufactured under modern conditions in large food factories. Sampling at source seems the main need, and there may be a case for general regionalisation of sampling.

An interesting discussion on the use of index numbers or letters to denote day, time and machine involved in production, arose out of the case involving a mouldy pie. The principle was considered at the National Conference of the Association of Public Health Inspectors when representatives of many Local Authorities and some large manufacturing firms listened to an Open Forum discussion. Housewives and Inspectors seemed to be in favour of a simple date stamp as the most suitable index, but strong objection was raised by the representatives of interested firms who prefer private index references. These are, of course, of no significance to the purchaser. In the local case referred to there was confusion in the retail premises despite the use of index letters to denote days of production and also inadequate control over the system of unsold returns—which is a matter of some importance when handling articles liable to early deterioration.

Bacteriological Investigations—The Public Health Laboratory Service

Grateful acknowledgment is made by the Department to the Director and Staff of the Public Health Laboratory sited at the Radcliffe Infirmary, Oxford. They are at all times prepared to assist with investigation work and this provides a most useful means of checking up on hygienic standards generally, and also assists in Meat Inspection diagnosis. Some interesting work was carried out during the year in connection with sausages and bubble gum machines.

Sausages

Arising from a complaint regarding certain sausages sold in the City and manufactured by a well known large firm, having factory premises not far from Oxford, an investigation was carried out involving the estimation of bacterial content of sausages, both beef and pork. In the first batch of sausages, which showed a high mixed bacterial content, lack of a preservative seemed evident. The result was early souring of the sample. Subsequent samples were taken from sources of supply involving a number of different firms. These samples were submitted to the Laboratory for plate count and culture. The City Analyst was asked to report on the presence or absence of preservative. Results of the examinations of samples from firms as far apart as Ireland, London, the Home Counties, the Midlands and the West Country, in addition to local firms, showed the presence of pathogens including staph. aureus (resistant to penicillin and aureomycin), streptococci (both haemolytic and faecalis) and faecal coli. In collaboration with the Department a large firm operating near Oxford conducted a series of tests in order to check on bacteriological results along the preparation line. It became evident that contamination with pathogens took place when handling by staff became necessary in a process which is largely mechanical. This was evident despite quite rigid control over the hygienic practices throughout the factory. High counts and the presence of contaminants from slaughterhouse routine may always be expected in raw sausage meat, and considerable variations in number and type of the organisms is inevitable. Pathogens were not usually present in large numbers but their presence gives one food for thought, no less than food for ingestion—and probably indigestion! Technical advisers are known to be thinking in terms of possible basic standards in bacteriological content, but how far such are likely to prove practical is very uncertain. Cooking of sausages carried out locally gave interesting results—5 minutes frying reduced the number of organisms considerably. Clostridia and aerobic spore bearers (heat resisters) remained even up to 20 minutes. Representative sampling from the interior of sausage mixes has proved rather difficult, and attempts at homogenization have been tried without complete success. The various firms involved in the sampling showed keen interest in the work, even to the extent of a special visit by representatives of one large firm, who discussed with the Staffs of the laboratory service

and the Department the results and method of approach to the problem. The exercise was valuable in drawing attention to the need for still more care, both at the source and in the intermediate stages of preparing an article of food so exceedingly popular for day to day consumption.

Bubble Gum

Attention had been directed to the unsatisfactory conditions under which this sweetmeat is available for immediate sale from machines on the forecourts of premises in the City. These display quantities of multi-coloured balls of chewing gum in a perspex bowl, the appropriate number of balls being delivered into a trough from which they can be collected by the purchaser. Decolourization and apparent deterioration in quality of the sweetmeats was noticed and an investigation was considered advisable. Large scale use of these machines was organised some years ago, but proved somewhat troublesome and machines are now apparently utilised through local agents who undertake responsibility for existing machines—supplying sweetmeats on the basis of a percentage return to retailers who permit machines to be sited on the forecourts of their premises. Responsibility for the whole operation rests with the local agents. Local retailers only appear interested in the collection of their monetary reward, and not on conditions affecting the goods on sale.

69 samples of the sweetmeats were taken and 12 swabs of troughs were submitted for examination. All swabs showed the presence of aerobic spore bearers, which was not surprising; one gave a culture of *bact. coli*; and two gave growths of *staph. aureus*, one sample being resistant to penicillin. Most of the highly coloured sweetmeats showed the presence of aerobic spore bearing organisms and micrococci, one sample gave a growth of *strep. viridans* and 3 a growth of *staph. aureus*. Careful examination of the machines showed that the delivery troughs were in several cases not completely weather-proof and all were of course constantly subjected to contamination from the fingers of children using the machines. Representations to the local agents brought quick response and resulted in a regular routine disinfection with replacement of faulty machines. This seems to have cleared up unsatisfactory conditions and more care is now given to the sale of these sweetmeats which are very popular with some children.

Tuberculosis in Pigs' Heads

Reference is made in the section devoted to Meat Inspection to a special bacteriological investigation of the lymph nodes of pig carcasses, in particular, those of the submaxillary region, and more interesting information may be available in a subsequent report.

Hospital Hygiene

Reference is again made to visitation of the various hospitals in the City in common with other food preparation and serving centres with

a view to giving advice on hygienic conditions. Pest extermination services are made available, unsound meat and food dealt with and clean air practices encouraged in the boiler houses of the hospitals. 364 visits were made during the year and attention given in the spring period to routine spraying of dustbins and swill-bin standages and waste food containers in order to reduce possibility of fly breeding. There was considerable activity in connection with infestations of Pharoah's ants which of course are almost endemic in such premises as hospitals where the central heating ducts and warm conditions are favourable to nesting and propagation.

Merchandise Marks Act

798 (613) visits were made in connection with proper marking and inspection of certain foods and on the whole there was general compliance with the requirements of the law. Tomatoes were again the food most commonly implicated, there being 5 warnings necessary during the year.

Foodstuffs Surrendered for Destruction

Commodity									Weight in lbs.
Beverages	..	..	..	..	..	..	..	..	14½
Biscuits	..	..	..	..	..	..	..	..	4½
Cereal	..	..	..	..	..	..	..	..	164¾
Cheese	..	..	..	..	..	..	..	..	170¾
Confectionery	..	..	..	..	..	..	..	..	341
Fish	..	..	..	..	..	..	..	..	687¾
Flour products	..	..	..	..	..	..	..	..	20½
Fruit	..	..	..	..	..	..	..	..	139
Jam	..	..	..	..	..	..	..	..	158½
Meat, Manufactured	..	..	..	..	..	..	..	..	75½
Milk	..	..	..	..	..	..	..	..	8
Pickles	..	..	..	..	..	..	..	..	28½
Poultry	..	..	..	..	..	..	..	..	27
Sauce	..	..	..	..	..	..	..	..	8½
Sausages	..	..	..	..	..	..	..	..	589
Spreads	..	..	..	..	..	..	..	..	18½
Sugar	..	..	..	..	..	..	..	..	19
Suet	..	..	..	..	..	..	..	..	1½
Vegetables	..	..	..	..	..	..	..	..	576
Miscellaneous	..	..	..	..	..	..	..	..	225¾
									3,277
Canned—									
Meat	..	..	..	..	..	..	..	..	2,970½
Fruit	..	..	..	..	..	..	..	..	3,455¾
Vegetables	..	..	..	..	..	..	..	..	1,723½
Fish	..	..	..	..	..	..	..	..	223½
Milk	..	..	..	..	..	..	..	..	359¾
Jam	..	..	..	..	..	..	..	..	22
Soup	..	..	..	..	..	..	..	..	218½
Miscellaneous	..	..	..	..	..	..	..	..	266½
									9,239½
									12,516½

Most of the food stuffs were disposed of by deep tipping, under supervision, by arrangement with the City Cleansing Superintendent.

A certain amount of material was incinerated at a local hospital.

(v) Markets

The covered Market in the centre of the town continues to improve both in appearance and hygienic achievement, although it is disappointing that a proposal to modernise the fish stalls in the form of a fish sales precinct could not be proceeded with by reason—so it is said—of uncertainty of the future of this extremely popular Market. There is an increasing awareness of the need for sound, clean and hygienic presentation of food in this busy sales centre. The Open Market at the Oxpens continues to be open each Wednesday and, in general, the conditions under which food is sold are reasonable, although constant attention is still necessary to the circumstances under which individual food traders operate. Failure to show names and addresses on stalls is a major headache and constant prodding is necessary. Co-operation with the Market Superintendent ensures that unsatisfactory conditions do not persist. There were no prosecutions during the year. The number of food shops and stalls at the two markets is as follows:—

Covered Market—

Butchers and Bacon Dealers	..	..	..	14
Fishmongers and Poulterers	..	..	..	5
Fruiterers and Greengrocers	..	..	..	14
Confectioners	..	..	..	2
Grocers	..	..	..	2
Restaurants	..	..	..	3
Cake Shops	..	..	..	2
				—
				42
				==

Open Market—

Fruiterers and Greengrocers	..	..	..	11
Confectioners	..	..	..	5
Biscuit and Cake Stalls	..	..	..	4
Grocers	..	..	..	3
Ice Cream Dealers	..	..	..	1
Fishmongers	..	..	..	1
				—
				25
				==

Fertilisers and Feeding Stuffs Act

Three samples only consisting of one sample of Layers Mash, one of Sulphate of Ammonia and one Sulphate of Potash were taken during the year and all were returned as genuine.